DOCUMENT RESUME

ED 461 197 EC 305 741

AUTHOR	Geffner, Robert, Ed.
TITLE	Family Violence & Sexual Assault Bulletin, 1996.
INSTITUTION	Family Violence & Sexual Assault Inst., Tyler, TX.
PUB DATE	1996-00-00
NOTE	35p.; Published twice per year. This document contains selected articles from the 1996 Bulletin.
AVAILABLE FROM	Family Violence & Sexual Assault Institute, 6160 Cornerstone Court East, San Diego, CA 92121 ($35). Web site: http://www.cspp.edu/fvsai/fvbulletin. htm.
PUB TYPE	Collected Works - Serials (022)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Animals; *Child Abuse; Family Violence; Interdisciplinary Approach; Intervention; Memory; *Mental Retardation; Mothers; *Parent Child Relationship; Parent Grievances; *Predictor Variables; Prevention; Program Effectiveness; Resource Materials; *Sexual Abuse; Training Methods
IDENTIFIERS	*Cruelty to Animals; *False Memories

ABSTRACT

These two Bulletins contain selected articles that highlight research and treatment issues in child abuse and child sexual abuse. The first issue includes the following featured articles: (1) "The Relationships between Animal Abuse and Other Forms of Family Violence" (Phil Arkow), which addresses animal cruelty as a harbinger of psychopathology and as a component of family dysfunction, and describes opportunities for multidisciplinary intervention; (2) "A Hegelian View of the 'False Memory Syndrome Hypothesis'" (Donald G. Barstow), which discusses False Memory Syndrome as an inexorable response to international attention focused on child victimization; and (3) "An Exploratory Study of a Sexual Abuse Prevention Program for People with Developmental Disabilities" (Sheryl Robinson Civjan and Joseph Hughey), which describes a study that found significant differences in self-efficacy among persons with mental retardation who received sexual abuse prevention training and those who did not. The second Bulletin features: "A Solution-Focused Approach to Child Abuse" (John Leverington), which presents strategies for implementing this intervention approach; and "The Pervasiveness of Maladaptive Attributions in Mothers At-Risk for Child Abuse" (Lisa P. Reiss Miller and Sandra T. Azar), which describes a study that found high-risk mothers ascribed more responsibility to other people for their negative behavior when compared to low-risk mothers. (Each article includes references.) (CR)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 461 197

Family Violence & Sexual Assault Bulletin, 1996

Robert Geffner, Editor

Volume 12, Numbers 1-4

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

- This document has been reproduced as received from the person or organization originating it.
- Minor changes have been made to improve reproduction quality

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

D. Westgate

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

1

EC 305 741

BEST COPY AVAILABLE

Family Violence & Sexual Assault Bulletin

Volume 12, No. 1-2

Spring/Summer 1996

** Research and Treatment Issues **

The Relationships Between Animal Abuse and Other Forms of Family Violence by Phil Arkow, Chair, Child and Animal Abuse Prevention Project, The Latham Foundation 29

A Hegelian View of the "False Memory Syndrome Hypothesis" by Donald G. Barstow, M.A., M.S., R.N., C.N.S 34

An Exploratory Study of a Sexual Abuse Prevention Program for People with Developmental Disabilities by Sheryl Robinson Civjan, Ph.D., & Joseph Hughey, Ph.D. 35

– Departments –

FVSAI Staff & Editorial Board 2
Editor's Comments 3
FVSAB Book Club 4
Conference Calendar 7
FVSAI Order Form 13
Book and Media Reviews 15
Announcements 24
Readers' Forum 41
Networking 43
FVSAI Treatment Manuals & Bibliographies 47
Newsletter Resources 49
FVSAI Clearinghouse Classifications 50
Resources 65

** Classified Guide to Family Violence and Sexual Abuse Literature **

Child/Adult Sexual Maltreatment References 51
Child Physical/Psychological Maltreatment References 58
Elder/Parent Maltreatment References 61
Spouse/Partner Physical/Psychological Maltreatment References 62

EC 305741

Family Violence & Sexual Assault Institute

Board Officers

Robert Geffner, Ph.d.
President/ Founder/ Editor

Carolyn Ewbank, M.Ed.
Secretary/Treasurer

Staff

Mary Sais-Lewis, M.A.
Director

Marilie Brandstetter, B.S.
FVSAB / FVSAI Production Editor

Christi L. Lloyd, B.A.
References Coordinator/ Editorial Assistant

Mary Williams
Librarian

Kristell Hines
Marketing

Rick Forrest
Clearinghouse Resources

Editorial Board

SANDRA T. AZAR, Ph.D.
Clark Univ., Worcester, MA
JAMES BREILING, Ph.D.
Nat'l. Institute of Mental Health, Rockville, MD
ANNE L. GANLEY, Ph.D.
Seattle VA Medical Center, Seattle, WA
FRANK GEMBALA, J.D.
Cook County Circuit Court Judge, Riverside, IL
ANN GOETTING, Ph.D.
Western Kentucky Univ., Bowling Green, KY
L. KEVIN HAMBERGER, Ph.D.
Medical College of Wisconsin, Kenosha, WI
MARY R. HARVEY, Ph.D.
Victims of Violence Programs, Cambridge, MA
JAN HINDMAN, M.S., M.Ed.
Alexandria Associates, Ontario, OR
JOHN K. HOLTON, Ph.D.
Project of Human Development in Chicago Neighborhoods, Chicago, IL
HONORE M. HUGHES, Ph.D.
St. Louis Univ., St. Louis, MO
EVE LIPCHIK, M.S.W.
ICF Consultants, Inc., Milwaukee, WI
PAULA LUNDBERG-LOVE, Ph.D.
Univ. of Texas at Tyler, Tyler, TX
SHELLY MARMION, Ph.D.
Univ. of Texas at Tyler, Tyler, TX
CHARLENE MUEHLENHARD, Ph.D.
Univ. of Kansas, Lawrence, KS
ALAN ROSENBAUM, Ph.D.
Univ. of MA Medical Center, Worcester, MA
ROBBIE ROSSMAN, Ph.D.
Univ. of Denver, Denver, CO
ILA SCHONBERG, M.S.W.
Head Start, West Bloomfield, MI
ROSALIE S. WOLF, Ph.D.
Nat'l. Committee for the Prevention of Elder Abuse, Worcester, MA
VICKY VEITCH WOLFE, Ph.D.
Children's Hospital of Western Ontario London, Ontario, Canada

National Advisory Board

JAN FROHMAN ATALLO
National Res. Center of Child Sexual Abuse, Huntsville, AL
JUDITH ARMATTA, J.D., Ph.D.
Oregon Coalition Against Domestic & Sexual Violence, Portland, OR
JOHN BUFE', J.D.
Potter, Minten, Roberts, Davis, & Jones, Tyler, TX
JACQUELINE CAMPBELL, Ph.D., R.N.
Johns Hopkins University, Baltimore, MD
JULIA ARBINI CARBONELL
Family Violence Prevention & Services Program, Columbus, OH
JUDGE DIANE DAL SANTO, J.D.
District Court, Albuquerque, NM
MARY ANN DUTTON, Ph.D.
George Washington Med. Ctr., Alexandria, VA
DAWN FRANKS, M.P.P.A.
United Way, Tyler, TX
SUELLEN FRIED, A.D.T.R.
Prairie Village, KA
JACQUI GARCIA
Billings, MT
MICHELLE HARWAY, Ph.D.
California Family Study Center, Los Angeles, CA
GLENN PAUL HICKS, C.P.A.
Tyler, TX
JUDGE CINDY LEDERMAN, J.D.
Dade County, Miami, FL
GEORGE MIHLSTEN, J.D.
Latham & Watkins, Los Angeles, CA
MILDRED PAGELOW, Ph.D.
Ed. Couns. Services, San Clemente, CA
QIJAMAH RAHMEN
Dept. of Human Resources, Atlanta, GA
SANDRA SAYLES-CROSS, Ph.D., R.N.
Univ. of Texas at Tyler, Tyler, TX
MURRAY STRAUS, Ph.D.
Univ. of New Hampshire, Durham, NH
JOYCE THOMAS, R.N., M.Ph.
People of Color Leadership Institute, Washington, DC
LENORE E. WALKER, Ph.D.
Domestic Violence Institute, Denver, CO
COZETTE WHITE, B.A.
Resource Development Consulting, St. Louis, MO
OLIVER WILLIAMS, Ph.D.
Univ. of Minnesota, Minneapolis, MN

POSTMASTER:
Send address changes to:
Publications Department
Family Violence & Sexual Assault Bulletin
FVSAI
1310 Clinic Drive
Tyler, TX 75701

3

Circulation Notice:

The *FVSAB* is provided as a service to clearinghouse members, including clinicians, researchers, practitioners, shelters, and other agencies in the field of domestic violence and sexual assault. It is also purchased by libraries and individuals in the U.S. and in over 18 countries. It is internationally distributed to over 3,000 people & agencies.

Advertising

Announcements are accepted in full, two-thirds, one-half, one-third, one-fourth, and one-eighth page sizes in black and white. Write or telephone for rates and deadlines at 903/595-6600, Fax 903/595-6799 or e-mail: fvsai@e-tex.com (See page 42 for Rate Information).

Membership Information

In order for us to provide our services to you, it is important that we receive your membership renewal. Our continued operation depends on these fees and donations. The *FVSAB* is published two times a year; therefore, our billing system is also two times a year. Memberships are valid for one calendar year. Your address label includes the month your membership expires. Be sure and send your membership renewal so you will not miss a single issue of the *FVSAB*. Remember, you must be a member of our clearinghouse to use our services (see page 13). Address all membership requests to:
Membership Coordinator
FVSAI, 1310 Clinic Drive
Tyler, TX 75701
Phone: 903/595-6600, Fax: 903/595-6799,
e-mail: fvsai@e-tex.com

The ***Family Violence & Sexual Assault Bulletin*** is published two times a year by the Family Violence & Sexual Assault Institute, 1310 Clinic Drive, Tyler, TX 75701, a nonprofit organization (501(c) 3). All donations and grants are tax deductible and tax exempt.

BEST COPY AVAILABLE

EDITOR'S Comment

Lack of Adequate Resources in the Family Violence Field

For several years I have been advocating the availability of practical information and resources for people involved in domestic violence cases, either as professionals, victims, offenders, or advocates. There has been increased funding to create resource centers, hotlines, and other agencies in recent years. However, this has not even touched the tip of the iceberg in providing needed information or services. Many resource centers supply specific information concerning one area, such as sexual abuse information or location of shelters for battered women, but rarely do centers have the resources to provide practical help and specific referrals when victims or others need or request assistance that overlaps disciplines (i.e., mental health treatment, legal advocacy, safe places, etc.). Ideally this should be available at the community level across the country. This lack has become apparent to our staff in recent months as more people are calling us for such referrals. This has been especially true with the recent media portrayals of victims and perpetrators of domestic violence.

Gaps in the Helping Systems

More callers have complained about losing faith in the systems set up to help victims of various types of abuse. People are concerned about "falling between the cracks" of the helping systems, and with agencies not following up on providing intervention services. This is often due to agencies being understaffed and overworked. Those cases that are not deemed to be emergency or life-threatening are often given a lower priority, especially in these times of cost cutting and reduced funding at both the national and state levels. It appears that many people have difficulty obtaining practical referrals or getting information about their options and legal rights. Some callers stated that they had difficulty even finding people at various agencies to actually talk to or to contact. They were often told someone would contact them, but this took precious time. We have heard this from battered women, parents or relatives of children who report abuse, and many advocates in various fields. Many have felt disappointed at the lack of multi-disciplinary information available to them (i.e., they had to make numerous calls to get different pieces of information because a particular resource center or agency often did not have legal, medical, mental health, and social service data).

The FVSAI resource center also has not been able to maintain sufficient referral information for specific locations that encompasses a variety of resources for people calling us. We have mostly been a professional resource center and clearinghouse, with minimal funding in general. It is clear that often, when people call us, they believe we are their last resort because they have been unsuccessful in obtaining needed information elsewhere about referrals in their community. We try to make referrals to various national hotlines and centers, or to local and state ones if we have the information, but we often do not have the referral sources in our data bases either. It is also clear that what is needed is better referral information which overlaps disciplines, set up at community and state levels, and readily available. This takes concerted efforts and funding.

Perhaps more resource centers in the various areas of domestic violence can take on more of a clearinghouse role and networks can be established so that better sharing of such referral information can occur. With advances in computer technology, e-mail, and the Internet, it appears that this should be able to be accomplished in a relatively short time.

FVSAI Attempts to Help

Due to the increased demand for referral sources, we have decided to improve our referral data bases of those providing various services or information concerning any aspect of domestic violence and sexual assault. If you provide legal, medical, mental health, social service, advocacy, shelter, support, or other services concerning some area of domestic violence, please send us the following information: the services you provide, the geographical region served, the costs or fees (if any), the types of clients served, the eligibility criteria, and the phone numbers, e-mail, regular address, and fax for people to contact you. We would like to update our community resources as well as national centers, agencies, research institutes, and hotlines. If you are an information center, then let us know the types and format of your data. As we compile this information, we will make it available to others so that we can all network in a more comprehensive and efficient manner. As our production editor (Marilie Brandstetter) stated, "addressing this deficit in information dispersal and preparedness may encourage heightened awareness about the need to step up the practical effort of assisting victims and concerned individuals nationwide." I agree completely!

Family Preservation

Another issue that is related to complaints we receive from callers concerns the notion of "family preservation." This topic could take an entire editorial in itself. For now, I would like to emphasize that family preservation has never meant to return a child or other family member to an abusive environment where there is still risk of potential psychological, physical, or sexual maltreatment. It appears some agencies and people have not adequately understood this issue. Sometimes workers have decided or rationalized that a victim is not in immediate danger, or that sufficient time has passed so that a victim should therefore be returned to the family even if interventions have not been provided. The recent case of a returned child being killed in New York after abuse was noted is just one of many occurrences making the headlines.

At other times, when state agencies are not able to confirm or deny maltreatment, the case is sometimes dropped. We need to preserve healthy, safe families, but not at the expense of victims. We must ensure that no victim is returned to a potentially unsafe environment until it can be ascertained that there is minimal risk and interventions have been provided. Risk assessments are not conducted nearly often enough in many domestic violence cases, and follow-ups do not often occur either. This is a funding and training issue that needs to be looked at in more depth. Hopefully, this will be given higher priority.

Until next time, Be Careful and Be Safe!
Bob Geffner, Ph.D.

The Relationships Between Animal Abuse and Other Forms of Family Violence

Phil Arkow
Chair, Child & Animal Abuse Prevention Project
The Latham Foundation, Alameda, California

Research & Treatment Issues

The association between cruelty to animals and other acts of family violence has received implicit acknowledgment throughout the history of social movements which address both animal welfare and child protection concerns. The system of child protective services as we know it today was an offshoot of the animal protection movement, and the two professions have followed parallel evolutions for more than a century. In recent years, domestic violence intervention programs have also begun to recognize animal abuse as being not only potentially predictive of violent behaviors against humans, but also as part of the constellation of dysfunctional family symptomatology. Abuse against animals, when perpetrated or observed by juveniles, has a pernicious capability of evolving into generalized desensitization to violence and into acts of violence in adulthood. Children who observe domestic violence may imitate abusive behaviors through violent acts against animals. For these reasons, domestic violence prevention agencies are encouraged to interface with animal protection organizations to explore common interests and opportunities for professional interaction, including referrals, community awareness programs, cross-training, and joint service programs.

Animal Cruelty as a Harbinger of Psychopathology

A literature search reveals a growing number of references to linkages between cruelty to animals and other forms of antisocial behavior and family violence. Early work by Hellman and Blackman (1966) suggested a positive association between persistent enuresis (bedwetting), firesetting behavior, and overt cruelty to animals which constituted a triad of behaviors useful for predicting future criminal behavior. A critical study (Tapia, 1971) and a follow-up study on the same children (Rigdon & Tapia, 1977) provided the first clear description and systematic study of children who commit animal cruelties. For these children, animal cruelty was a specific presenting complaint. These children usually had additional antisocial behaviors, such as bullying, temper control problems, lying, stealing, hyperactivity or destructive tendencies, but the link between animal cruelty and these other behaviors was unknown.

Tapia's findings (1971) created a profile for the animal-abusing child: A male with an average age of 9.5 years (range: 5-15 years) and an average IQ of 91 (which ruled out mental retardation as an etiologic factor). The childhood history was likely to include gross parental neglect, brutality, rejection, and hostility. None of the 18 boys in the study showed the complete triad of bedwetting, fire setting, and animal cruelty, but all displayed a wide range of antisocial behaviors. In the 1977 study, a majority of the boys were still cruel to animals, had current histories of family difficulties and extreme instability, and were living in chaos compounded by alcoholism, mental illness, and fathers with prison records. Time and maturity were not enough to stop the practice of animal abuse by these children.

Wax and Haddox (1974) interviewed institutionalized adolescent male delinquents to investigate whether the triad behaviors might serve as a potential early warning sign of assaultive behavior. All six adolescents they studied, ranked as the most overtly dangerous assaultive youths in the institution, had recent histories that included the triad. The youths all had histories of pathognomonic variables which include assaultiveness, sexual deviation, family disorganization, maternal deprivation, psychosis, affect disorder, and significant drug usage. Wax and Haddox recommended that physicians, guidance counselors, and others dealing with children should be sensitive to the triad.

> **"In recent years, domestic violence intervention programs have also begun to recognize animal abuse as being not only potentially predictive of violent behaviors against humans, but also as part of the constellation of dysfunctional family symptomatology."**

5

Geddes (1977) followed up the Wax and Haddox study in a master's thesis which reported that five of the six youths continued to behave in an extremely violent manner, and may have been even more explosive and dangerous than their case records indicated. Geddes concluded that the triad was a useful and valid clinical tool for predicting violent behavior and was positively associated with severe psychopathology not found in nonviolent offenders. She also noted that several of the subjects had been passive recipients of sexual attacks and subsequently were active participants in sadistic attacks on younger or weaker victims.

Felthous (1980) built on the theory that animal cruelty is a sign of childhood aggression dyscontrol in a study which compared two groups of male psychiatric patients, one with a history of animal cruelty and the other with a history of assaultive behavior. There was substantial commonality in the two groups for certain historical items, including brutal punishment by a parent, temper tantrums, destructive outbursts, and truancy. The group with the history of animal cruelty was significantly more likely to have had an alcoholic father; set destructive fires; had enuresis past age five; and been separated from the father. The cruelty was disproportionately directed against cats rather than dogs.

A later study by Kellert and Felthous (1985) studied the relationship between childhood cruelty to animals and aggression among criminals and noncriminals. They found that childhood cruelty toward animals occurred much more frequently among aggressive criminals than among non-aggressive ones. A preliminary classification was established of nine distinct motives for such cruel behaviors as pulling the wings off sparrows, throwing animals off buildings, placing rat poison in fish bowls, tying cats' tails together, and exploding animals in microwave ovens. These motives are presented in Table 1.

Table 1

Preliminary Classification of Motivations for Cruel and Extremely Aggressive Behavior Toward Animals

1. To control an animal
   To control or shape an animal's behavior or eliminate presumably undesirable characteristics of an animal
2. To retaliate against an animal
   Extreme punishment or revenge for a presumed wrong on the part of an animal
3. To satisfy a prejudice against a species or breed
   May be associated with cultural values
4. To express aggression through an animal
   Instilling violent tendencies in the animal in order to express violent, aggressive behaviors toward other people or animals
5. To enhance one's own aggressiveness
   To improve one's aggressive skills, or to impress others with a capacity for violence
6. To shock people for amusement
   To "entertain" friends
7. To retaliate against another person
   Exacting revenge
8. Displacement of hostility from a person to an animal
   Displaced aggression against authority figures
9. Nonspecific sadism
   Absence of any particular provocation or especially hostile feelings toward an animal

Felthous and Kellert (1986) reiterated the importance of childhood animal cruelty as a behavioral sentinel for disturbed family relationships and as a harbinger of future antisocial acts. They noted that the presence of the triad behaviors alone is not enough by itself to predict future violence, for the nature, quality, motive, and quantity of abusive acts toward animals affect the predictive value. Certain features of childhood cruelty to animals were called most meaningful to the accurate prediction of later aggression:

1. Direct involvement with cruelty, rather than simply witnessing the act;
2. Lack of self-restraint, or evidence of impulsivity;
3. Lack of remorse;
4. A variety of cruel acts;
5. A variety of species victimized; and
6. Actions directed against socially valuable animals (e.g., dogs, not rats)

The connections between cruelty to animals and other forms of family violence were given additional validity by the revision of the DSM-III-R (American Psychiatric Association, 1987). For the first time, physical cruelty to animals was cited as a diagnostic criterion for Conduct Disorder, a "persistent pattern of conduct in which the basic rights of others and major age-appropriate societal norms or rules are violated." The DSM-IV (American Psychiatric Association, 1994) again listed physical cruelty to animals as an aggressive diagnostic criterion for Conduct Disorder. "Individuals with Conduct Disorder may have little empathy and little concern for the feelings, wishes, and well-being of others. Especially in ambiguous situations, aggressive individuals with this disorder frequently misperceive the intentions of others as more hostile and threatening than is the case and respond with aggression that they then feel is reasonable and justified. They may be callous and lack appropriate feelings of guilt or remorse," said DSM-IV. In this context, "others" may be animals or humans.

High rates of cruelty to animals were reported retrospectively by violent offenders. Ressler, Burgess, & Douglas (1988) studied 28 incarcerated sexual homicide perpetrators and found 36% of them had committed acts of animal cruelty in their childhood, and 46% in their adolescence. Tingle et al. (1986) reported 48% of convicted rapists and 30% of convicted child molesters in their sample admitted perpetrating cruelty to animals in their childhood or adolescence. In some reports, killing animals followed killing humans, as in one case cited by Hickey (1991) of an offender who admitted killing several puppies to relive the experience of murdering his first child victim. Numerous other studies began to demonstrate a compelling connection between childhood cruelty to animals and later antisocial and psychopathological behaviors (Ascione, 1993). Clearly, cruelty to animals is a serious manifestation of psychopathology, particularly when accompanied by other symptoms and a predisposing family history.

Animal Cruelty as a Component of Family Dysfunction

While these studies were linking children's acts of animal abuse as predictive of future violence which could escalate in range and severity against other vulnerable victims, including humans, other research was beginning to place animal abuse within the context of family violence as part of a constellation of dysfunctional family patterns. In these environments, abuse of animals is not only perpetrated by

children, but also is witnessed by children. Animal abuse also occurs as a coercion technique to intimidate or control children and spouses.

Walker (1980) examined records of families' contacts with child protection and animal protection agencies in Bucks County, PA. Nine percent of the families studied had been reported to both agencies, and similar behavior patterns by abusive adults toward children and pets were noted. The Walker study verified the validity of the assumption that abusive adults may abuse both their pets and their children. It contained the first written recommendation that close communication between child protective and animal welfare agencies would alert each to potential dangers and help prevent further abuse. Even more dramatic findings came from Great Britain, where Hutton (1981) reported that of 23 families investigated by the Royal Society for the Prevention of Cruelty to Animals for animal abuse or neglect, 82% were also known to local social service agencies as having "children at risk."

DeViney, Dickert, & Lockwood (1983) studied 53 families who met New Jersey's legal criteria for child abuse or neglect and who also had companion animals. Observations during home interviews revealed that pets were abused or neglected in 60% of these families, and in 88% of those families displaying child physical abuse. Interestingly, use of veterinary services, rates of pet sterilization, and levels of basic pet care among the abusive families did not differ significantly from general norms. Subsequent writings suggest that veterinarians should recognize their public health responsibilities as reporters of suspected child abuse and family violence (Arkow, 1994b).

> "Threats to give pets away to control the woman's or the family's behavior were common."

Several reports describe the torture and killing of animals by adults as a coercive technique within the contexts of family violence or sexual abuse of children in day care settings (Faller, 1990; Finkelhor, Williams & Burns, 1988). In these instances, children's acquiescence or silence is obtained by threats or actions to kill, hurt, or remove favorite pets (Muraski, 1992). Battered women have been reported as being forced to perform demeaning acts of bestiality by their husbands or boyfriends (Dutton, 1992; Walker, 1979). Coercive and abusive incidents involving animals are also reported to occur in 38% of abusive lesbian relationships (Renzetti, 1992). Boat (1995) has cited numerous authors who describe the abuse, torture, and killing of animals in conjunction with the battering of women, sexual abuse of children, and acts of bestiality.

Examples of coercion which have been reported include shooting, kicking, beating or hitting animals; throwing animals against walls or down stairways; allowing animals (including livestock) to starve; and not letting animals outside and then beating them when they defecate in the house (Arkow, 1994a). The author knows of at least two instances in which abusive males, as a coercive control, forced their wives to keep long-haired cats even though the women were asthmatic.

It is becoming common to find incidents of cruelty to animals included in behavioral checklists and risk assessments conducted during domestic violence shelter intakes. The Center for Prevention of Domestic Violence in Colorado Springs, CO, reported that 23.8% of 122 battered women seeking safehouse refuge, and 10.9% of 1,175 women seeking restraining orders, counseling, or support services, had observed cruelty to animals perpetrated by their abusers (Arkow, 1994a). The Community Coalition Against Violence (Quinlisk, 1995) in La Crosse, WI, surveyed 72 women utilizing 12 domestic violence prevention centers throughout Wisconsin. Eighty-six per cent of the respondents had animals in the home and of that group, 80% reported batterers had also been violent toward the animals. Abuse was directed against livestock as well as companion animals. Threats to give pets away to control the woman's or the family's behavior were common. Acts of physical abuse against animals included kicking, hitting, punching, mutilating, and killing; acts of neglect included failure to provide adequate food, water, shelter, or veterinary care. A recent Utah study of 38 women seeking safehouse shelter reported that 71% of those women with pets had observed their male partners threatening to hurt or kill, or actually hurting or killing, one or more pets (Ascione, 1996).

It is not known how many instances of abuse or coercion involving animals are witnessed or perpetrated by children, but they are believed to be substantial. In the Wisconsin study cited above, abuses directed toward animals were done in the presence of women in 87.7% of the cases, and in the presence of children in 75.5% of the cases. In the above mentioned Utah study, 32% of those women with children reported their children had hurt or killed pets, often to imitate the adult violent behaviors they had observed.

While much research seems to confirm the assumption that animal abuse desensitizes perpetrators and observers to other forms of violence, the Wisconsin study reported two cases in which children became protective and caring animal lovers because of the abuse they had witnessed. One respondent observed that even the animals did not like to be around the batterer and that she "should have listened to the animals."

Opportunities for Multidisciplinary Intervention

Given the growing research and anecdotal interest, it is becoming apparent that child protection, domestic violence prevention, and animal welfare and control agencies have a unique opportunity to collaborate in multidisciplinary intervention and prevention strategies which prevent family violence.

Professionals concerned with the prevention of family violence in its various manifestations should be aware of the prevalence of pets and the scope of animal abuse in communities devastated by other forms of violence. Humane agencies routinely investigate 4,000 and 5,000 cases of animal abuse and neglect annually in urban areas such as Houston and Detroit, respectively. Meanwhile, companion animals are present in 57.9% of all U.S. households, and in as many as 78.7% of those households with children (American Veterinary Medical Association, 1992). The potential for companion animals to be included among victims in dysfunctional households is great indeed.

Since humane and animal control officers regularly observe households where domestic violence and/or child abuse and neglect are suspected, and social service caseworkers frequently observe environments in which animals may be abused or neglected, coordinated cross-training and cross-referrals between humane and hu-

man services agencies have been recommended (American Humane Association, 1991 & 1992). A training video and manual, *Breaking the Cycles of Violence*, have been produced by the Latham Foundation (1995) of Alameda, CA, to introduce this concept to the professions involved and to provide them with resources for interagency collaboration. The American Humane Association (1995) has published a training manual to teach humane investigators and animal control officers to recognize and report child abuse.

Boat (1995) has listed five reasons why the links between violence to animals and children can no longer be ignored and are worthy of further investigation:

1. Research and anecdotal reports point to a connection.
2. The etiology and expression of cruel behavior in children are not well understood, and the study of children's cruelty to animals may be a revealing source of information.
3. Society appears to have a lower tolerance for cruelty to animals than for child maltreatment, and the link between violence to both may be used for mutual benefit.
4. Coverage for children can be broadened by linking child and animal protective services with cross-training and cross-reporting programs.
5. Asking children and caregivers about the existence and treatment of pets may raise "red flags" which warn that the children live in abusive or traumatizing environments.

There has been some reluctance, however, for one profession to become involved in the recognition and reporting of other forms of violence. Reasons cited for this reluctance include: inadequate information and lack of appropriate training; fear of economic reprisal in the form of erosion of client base or costly litigation; inadequate resources to handle existing priorities adequately; absence of organizational protocols; and inconsistent definitions of "abuse" across professional lines. Nevertheless, caseworkers should systematically include questions relating to family histories of animal abuse and neglect on intake and risk assessment questionnaires. Reports of frequent turnover or loss of pets, or of abusive acts to animals, frequently describe a chaotic household where the safety of the woman and children are compromised.

Another barrier against interdisciplinary collaboration is that "cruelty" to animals is emotionally-charged and varies both in cultural context and legal definition across political jurisdictions. Use of the term "cruelty" requires making an uncomfortable value judgment about the perpetrator; the word "abuse" may be more acceptable as it refers to the status of the victim (Odendaal, 1994). In the absence of a consistent definition of "cruelty," Rowan (1993) has argued that the animal protection field may do well to model child protective services, which differentiates physical abuse, sexual abuse, emotional abuse, and neglect, rather than utilizing a single, all-purpose "cruelty-to-animals" nomenclature. Within Rowan's model, animal "cruelty" would be reserved for a small subset of cases in which the perpetrator gains satisfaction from the animal's suffering. "Cruelty" would be differentiated from "abuse," in which the perpetrator gains satisfaction from the dominance, and from "neglect," passive maltreatment in which no satisfaction is derived.

> **"Cross-reporting and data-exchange should be effected between these organizations and the underutilized network of community animal welfare and control agencies."**

Despite these barriers, closer cooperation between humane and human services should be effected. Failure by one profession to report suspected abuse in another field only serves to condone and perpetuate the maltreatment. Collaboration accords understaffed community agencies the opportunity to work together synergistically.

Conclusion

There are recurrent reports of serious family dysfunction in the histories of children who are, or were, cruel to animals. Likewise, it is becoming evident that animal abuse occurs regularly in violence-prone families. Children who repeatedly commit violent acts against animals beyond normal exploratory behavior tend to show other abnormal aggressive and antisocial tendencies. Violence against animals cannot be dismissed or treated as an isolated problem. As horrible as the acts themselves are, they must also be considered within the constellation of a much wider picture of family violence. Behind these acts there is a potentially dangerous person, usually within a highly disturbed family. Animal cruelty is part of a collection of behaviors that indicate extreme personal dysfunction with poor impulse control (Lembke, 1994).

Persons in law enforcement, criminal justice, domestic violence prevention, child protective services, and social work who find incidents of violent acts toward animals should be concerned that dangerous aggression is possible. Caseworkers investigating abusive environments should routinely gather systematic data about the presence or absence of animals in the household and the levels of care and attachment demonstrated to them by both victimizers and victims. Questions relating to pet ownership history, animals serving as a source of emotional support, loss of animals, incidence of cruelty or killing of animals, use of animals to control or coerce a person, sexual interactions with animals, and animal-related fears will be found to be highly revealing. At least one pet maltreatment assessment has been created to begin collecting these data (Ascione & Weber, 1995).

Cross-reporting and data-exchange should be effected between these organizations and the underutilized network of community animal welfare and control agencies. Animal protection agencies not only have resources to care for victimized animals, but also case file data banks which may likely contain corroborating information. Also, concern about the welfare of pets may delay some battered women from seeking shelter for themselves and their children; the Utah study found 18% of women did not come to the shelter sooner due to worries for their animals' safety. Their concerns included fears of relinquishing pets, placing pets with neighbors, and abandoning pets to keep them away from the partner (Ascione, 1996).

Domestic violence safehouses can establish referral programs with animal shelters to provide emergency short-term housing or foster care for these pets. One such program has been established in Loudoun County, VA, linking the Abused Women's Shelter, Animal Care & Control, and the Humane Society; pets are picked up and delivered to foster care where they can stay for up to one month while the woman

makes other arrangements. "It gives the woman breathing room while the animal is safe, and she can do what she needs to do to get out of an abusive situation, which is very complicated," said Barbara Cassidy, former director of Loudoun County Animal Care & Control (Latham Foundation, 1996).

Animal protection personnel should be cross-trained to recognize, and mandated to report, suspected family violence to social service agencies where the welfare of children or spouses is threatened. Already, California has included animal control officers among those professions mandated to report suspected child abuse to child protective service agencies, and San Diego County has initiated a reverse-reporting system whereby child protection caseworkers must report suspected animal abuse to animal control.

Animal cruelty problems are people problems. When animals are abused people are at risk — and vice versa. A cohesive, coordinated response may help expand community-wide interventions and prevention programs which will, it is hoped, reduce violence to women, children, and animals.

PHIL ARKOW chairs the Latham Foundation's Child and Animal Abuse Prevention Project and serves as editor for the Animal Welfare Federation of New Jersey. Address requests for additional information to: 37 Hillside Road, Stratford, NJ 08084.

References

American Humane Association. (1991). *Report on the summit on violence towards children and animals, Nov. 1-3, 1991.* Englewood, CO: AHA.

American Humane Association. (1992). *Protecting children and animals: Agenda for a non-violent future.* Englewood, CO: AHA.

American Humane Association. (1995). *A training guide for recognizing and reporting child abuse for animal control officers and humane investigators.* Englewood, CO: AHA.

American Psychiatric Association. (1987). *Diagnostic and Statistical Manual of Mental Disorders, 3rd ed., rev.* Washington, D.C.: APA.

American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders, 4th ed.,* Washington, D.C.: APA.

American Veterinary Medical Association. (1992). *The veterinary service market for companion animals.* Schaumburg, IL: AVMA.

Arkow, P. (1994a). Animal abuse and domestic violence: Intake statistics tell a sad story. *Latham Letter, XV* (2), 17.

Arkow, P. (1994b). Child abuse, animal abuse, and the veterinarian. *Journal of the American Veterinary Medical Association, 204* (7), 1004-1007.

Ascione, F. R. (1993). Children who are cruel to animals: A review of research and implications for developmental psychopathology. *Anthrozoös, VI* (4), 226-247.

Ascione, F. R. (1996). Domestic Violence and Cruelty to Animals. *Latham Letter, XVII* (1), 1-16.

Ascione, F. R. & Weber, C. (1995). *Battered partners shelter survey.* Logan, UT: Utah State University.

Boat, B. (1995). The relationship between violence to children and violence to animals: An ignored link? *Journal of Interpersonal Violence, 10* (4), 229-235.

DeViney, E., Dickert, J., & Lockwood, R. (1983). The care of pets within child abusing families. *International Journal for the Study of Animal Problems, 4,* 321-329.

Dutton, M.A. (1992) *Empowering and healing the battered woman.* New York, NY: Springer.

Faller, K. C. (1990). *Understanding child sexual maltreatment.* Newbury Park, CA: Sage Publications.

Felthous, A.R. (1980). Aggression against cats, dogs and people. *Child Psychiatry and Human Development, 10* (3), 169-177.

Felthous, A.R., &Kellert, S. R. (1986). Violence against animals and people: Is aggression against living creatures generalized? *Bulletin of the American Academy of Psychiatry and Law, 14* (1), 55-69.

Finkelhor, D., Williams, L. M., & Burns, N. (1988). *Nursery crimes: Sexual abuse in day care.* Newbury Park, CA, Sage Publications.

Geddes, V.A. (1977). *Enuresis, fire setting and animal cruelty — a follow-up study to review the triad hypothesis in reference to the prediction of violence.* MS Thesis, Department of Criminal Justice, California State University, Long Beach, CA.

Hellman, D. S., & Blackman, N. (1966). Enuresis, firesetting and cruelty to animals: A triad predictive of adult crime. *American Journal of Psychiatry, 122,* 1431-1435.

Hickey, E. W. (1991). *Serial murderers and their victims.* Belmont, CA: Wadsworth.

Hutton, J. S. (1981). *Animal abuse as a diagnostic approach in social work: A pilot study.* Paper presented at the International Conference on the Human/Companion Animal Bond, Philadelphia, PA.

Kellert, S. R., & Felthous, A.R. (1985). Childhood cruelty toward animals among criminals and noncriminals. *Human Relations, 38* (12), 1113-1129.

Latham Foundation. (1995). *Breaking the cycles of violence.* Alameda, CA: 1995.

Latham Foundation. (1996). A shelter for battered women's pets. *Latham Letter, XVII* (1), 11.

Lembke, L. (1994). Bedwetting, fire setting, and animal cruelty. *Latham Letter, XV* (2), 14-19.

Muraski, A. (1992). "Don't tell or I'll kill your pet". Monterey, CA: SPCA of Monterey County, For the Animals, Spring 1992, 2.

Odendaal, J. (1994). Veterinary ethology and animal welfare. *Scientific and Technical Review, International Office of Epizootics, 13*(1), 261-275.

Quinlisk, A. (1995). *1994/95 survey results.* La Crosse, WI: Domestic Violence Intervention Project.

Renzetti, C. M. (1992). *Violent betrayal: Partner abuse in lesbian relationships.* Newbury Park, CA: Sage Publications.

Ressler, R. K., Burgess, A. W., & Douglas, J. E. (1988) *Sexual homicide: Patterns and motives.* Lexington, MA: Lexington Books.

Rigdon, J. D. ,& Tapia, F. (1977). Children who are cruel to animals — a follow-up study. *Journal of Operational Psychology, 8* (1), 27-36.

Rowan, A. N. (1993). Cruelty to animals. *Anthrozoös, VI* (4), 218-220.

Tapia, F. (1971). Children who are cruel to animals. *Child Psychology and Human Development, 2* (2), 70-77.

Tingle, D., Barnard, G. W., Robbins, G., Newman, G., & Hutchinson, D. (1986). Childhood and adolescent characteristics of pedophiles and rapists. *International Journal of Law and Psychiatry, 9*, 103-116.

Walker, J. R. (1980). *A study on the relationship of child abuse and pet abuse.* Philadelphia, PA: Unpublished professional project, University of Pennsylvania School of Social Work

Walker, L. E. (1979). *The battered woman.* New York, NY: Harper and Row.

Wax, D.E., & Haddox, V. G. (1974). Enuresis, fire-setting, and animal cruelty: A useful danger signal in predicting vulnerability of adolescent males to assaultive behavior. *Child Psychiatry and Human Development, 4* (3), 151-156.

A Hegelian View of the "False Memory Sydrome Hypothesis"

Donald G. Barstow, MA, MS, RN, CNS
University of Central Oklahoma, Department of Nursing, Edmond, Oklahoma

The entrance of prime time media into childhood sexual abuse issues has produced greater public awareness of the extent of this problem, as well as an increased understanding of the long-term deleterious physical, emotional, spiritual, developmental, social, sexual, and cognitive damage associated with all forms of abuse. On the one hand, victims are relieved and gratified that their pain and plight are being recognized and validated. Perpetrators, on the other hand, are feeling the sting of adverse publicity, public clamor for government intervention, and legal decisions that have resulted in fines and imprisonment. These activities have resulted in the coalescence of two diametrically opposed groups: one is victim proactive, while the other, as exemplified by the False Memory Syndrome Foundation, arose in defense of those accused of atrocities against children. This polarization of viewpoints can be understood within the framework of Georg Hegel's philosophy of Dialectics (Durant & Durant, 1975).

"These activities have resulted in the coalescence of two diametrically opposed groups: one is victim proactive, while the other, as exemplified by the False Memory Syndrome Foundation, arose in defense of those accused of atrocities against children."

According to Hegel, every idea (called the thesis) contains within itself the potential for its opposite (called the antithesis). With time this opposite will emerge, consolidate into formal resistance, struggle against its nemesis, and gradually produce a reformulation of the original idea as the protagonist and antagonist are reshaped, each by the other. The product of this process (called the synthesis) then becomes the new thesis, and the cycle begins anew.

Thus, the structure of every idea is triadic: (1) exposition, followed by (2) opposition, which in turn will be followed by (3) assimilation. This sequence, according to Hegel, is *irresistible* and *inevitable*. Thus, Hegelian Dialectics views controversy as a logical consequence of the formulation and propagation of ideas, and as a catalyst for growth since it serves as an impetus for investigation, clarification, evaluation, and validation of the thesis. Any modification of the thesis produces a synthesis, which becomes the new thesis. This is a continuous, in flux process, which is illustrated below.

The False Memory Syndrome Foundation (FMSF) may be thought of as an antithesis which is probing for weaknesses in the thesis of current approaches used in the identification and treatment of childhood sexual abuse. This group is challenging concepts such as memory formation, accuracy of memory recall, traumatic amnesia, posttraumatic stress disorder, repression, and dissociative identity disorder, to mention just a few areas. Their skepticism has prompted proponents of the theses to identify gaps in research, non sequitur arguments, assumptions that are used as validations, areas requiring clarification, and so on.

For example, one FMSF claim is that many therapists are incompetent and dangerous practitioners. While not being distracted by what is meant by "many," to some extent this assertion is true. In my *opinion*, most of these are individuals prepared at the masters level or below, have limited academic preparation, received insufficient clinical supervision as students, lack adequate collegial collaboration as practitioners, may not be a licensed mental health practitioner, and/or neglect opportunities for professional growth such as membership in profession organizations, continuing education, and advanced theoretical preparation. Some may even be survivors who are using clients to resolve their own issues of anger. Such therapists may delay or even damage the client's recovery. A therapist recently told me that she had just learned that codependence could be of adult onset. Having been convinced that this condition always develops in early childhood, she had worked hard (and sincerely) to overcome the "resistance" of physically-emotionally-sexually battered spouses to accepting the "truth" about their family of origin. Is this a rare occurrence? I hope so, but I fear not.

Thus, the antithetical position can serve as a stimulus for the development of new standards of practice, upgraded requirements for continuing education, recommendations for improved student and professional supervision, and stricter provisions for eliminating individuals unwilling or unable to conform to these elevated professional qualifications. The results are a synthesis of the two positions, and the creation of a new thesis.

The value of the antithesis is lost (and according to Hegel there is always value) when objectivity (not professional and ethi-

BEST COPY AVAILABLE

cal values) is compromised and defense of the thesis is reduced to name-calling, innuendoes, diatribes, personal attacks, and professional character assassinations instead of a reasoned, validated response to specific arguments that follow the principle of Logical Courtesy and result in a broader, more comprehensive understanding of truth. That is to say, the antithetical premises must always be addressed and refuted at their best, not their worst. This requires analysis of the strongest links in the "chain" of evidence rather than the weakest. The continued exposition (thesis) stimulated by the opposition (antithesis) demands that proponents of the thesis exert themselves to transcend the egocentric predicament in order to *scientifically* address the legitimate elements generated by the antithesis and arrive at some degree of assimilation (synthesis). Failure to respond in this way will result in a withering, shriveling, and eventual demise of the thesis. Even when an antithesis can be completely refuted, the knowledge accumulated through the process of refutation expands and reinforces the thesis, resulting in some degree of synthesis and the birth of a new, more vigorous thesis. Thus, while some (or all) of the elements of the antithesis may be professionally distasteful, or even repugnant, the vitality of the thesis (and subsequent synthesis) is dependent on the quality and quantity of the dispassionate, empirical, and epistemological evidence marshaled in its defense.

"Even when an antithesis can be completely refuted, the knowledge accumulated through the process of refutation expands and reinforces the thesis, resulting in some degree of synthesis and the birth of a new, more vigorous thesis."

In summary, the False Memory Syndrome Foundation can be viewed, in a Hegelian context, as an inexorable response to international attention focused on child victimization. The strength of the thesis can be measured by the intensity of the antithesis. These interactions *will* result in a synthesis. The quality of the synthesis, however, will be determined by the scholarship, integrity, and logical courtesy demonstrated by each individual who chooses to participate in the debate.

Reference

Durant, W., & Durant, A. (1975) *The story of civilization: The Age of Napoleon.* New York, NY: Simon & Schuster.

An Exploratory Study of a Sexual Abuse Prevention Program for People with Developmental Disabilities

Sheryl Robinson Civjan, Ph. D.
Program Director, Personal Safety Awareness Center, Austin Rape Crisis Center, Austin, Texas
Joseph Hughey, Ph.D.
Professor of Psychology, University of Missouri at Kansas City, Kansas City, Missouri

People with disabilities have made great strides in the last 10 years in social and community integration. Yet, despite increased acceptance in society, persons with disabilities continue to experience abuse and neglect at rates much higher than their nondisabled peers. One type of abuse which has only recently begun to be addressed for people with developmental disabilities is sexual abuse.

For individuals who have disabilities, statistics on abuse are startling. One study stated that of 200 individuals with mental retardation, living and working in sheltered environments, 80% reported that they had been sexually abused, with the abuse varying from fondling to rape ("How to address sexual victimization of the mentally retarded", 1987). Of these victims, 99% said they had known their abuser well.

Other recent studies have confirmed that approximately 92% of abuse is perpetrated by someone known to the victim, including paid residential, vocational or transportation staff, and family members (Furey, 1994). For example, the Developmental Disabilities Board Area 10 for Los Angeles County (1989) estimated that 70% of people with developmental disabilities will be sexually abused during their lifetimes. Similarly, the Wisconsin Council on Developmental Disabilities (1991) estimated that up to 83% of women and 32% of men who have developmental disabilities will experience sexual abuse during their lifetimes.

Sobsey (1989) concluded that people with disabilities experience at least 150% greater risk for sexual abuse than their nondisabled peers of the same age and sex. Baladerian (1992) estimated that having a developmental disability increases the risk for sexual abuse by three to four times.

Aside from the individual tragedies these numbers represent, with as many as 43 million children and adults in the United States having disabilities (Pawelski, 1992), this type of abuse is a social problem of large scale and societal significance.

Vulnerability

A number of factors are involved in the vulnerability of persons with developmental disabilities. First, persons who have a physical disability, such as cerebral palsy or spina bifida, often move slowly and may be unable to defend themselves physically from an attacker. Tobin (1992) described people with physical disabilities as especially dependent on caregivers and other adults, needing assistance with daily activities such as bathing and toileting, which may increase vulnerability to abuse.

Second, for people with mental retardation, vulnerability to abuse is increased by a desire to be accepted by and to please others and a tendency to trust other people. Tobin (1992) asserts people with disabilities may also often be emotionally depen-

dent. Thus, when a child receives an inappropriate touch, he or she may have difficulty stopping the abuse because he or she is afraid to risk losing the caretaking provided by that adult or angering the caregiver.

Third, children with developmental disabilities are often dehumanized and infantilized by playful patting and touching making it difficult for them to recognize when touch becomes intrusive or inappropriate as adults (Tobin, 1992). Even as adults, people with disabilities often receive touch to various areas of their bodies by caretakers or personal attendants, and may become conditioned to touch that others would consider invasive. These characteristics combine to create an easy target for sexual abuse.

Service System Contribution

Persons with disabilities have traditionally been placed in facilities ranging from institutions to group homes, which have based their training on control and regulation of behavior. This system has effectively and very consistently trained its clients to obey and respect supervising adults and to be compliant with the requests of staff or family members (Furey, 1994). Although this may be seen as desirable by facility administrators, the effect on the individual can be a limitation of both independence and self-reliance. Many individuals with disabilities are, in effect, trained to be helpless and dependent on others for even their basic needs. Thus, the same service system which was designed to serve individuals who have disabilities has begun to be recognized as a significant, system level factor in abuse.

Denial of Sexuality

Another principal reason sexual abuse of people with developmental disabilities has been ignored is a societal denial of the sexuality of these individuals. During the early part of the 20th century, "nothing was discussed more frequently or fervently than sterilization," as a result of fear that more people with deficiencies would be bred (Scheerenberger, 1983, p. 154). As recently as the mid-1970's, young people with mental retardation were legally involuntarily sterilized (Evans, 1983). Even today, they are frequently restricted from any type of sexual activity and even punished if "caught" masturbating. There are very few positive models of healthy sexuality for people with disabilities, and virtually no social expectation that they will be sexual beings (Finger, 1993).

This denial leads to a lack of sex education for students that are in special education or attend special schools for children with disabilities. Lack of education means that many adults are beginning to live independently without knowing the basics of reproduction, contraception, sexually transmitted disease prevention and appropriate sexual behavior. It is also often difficult for them to identify correct names of the private parts of their bodies, reducing their credibility as witnesses.

Professional Response to Abuse

Berkman (1984) described prevention of sexual abuse and exploitation of people with disabilities as a primary professional obligation for institutions. Similarly, Cole (1984) discussed prevention as a challenge, concluding that information on sex education and exploitation should be provided to professionals working in rehabilitation and health care as well as to persons with disabilities.

According to Sobsey, (1990), the caregiving service system may require reform, which could include screening staff, increasing provider responsibility, placing persons with disabilities in the community to reduce isolation and monitoring the use of psychotropic drugs and aversive behavior therapies. Wilgosh (1990) included increasing public education and working for legal reform in her prescription for dealing with sexual abuse. Finally, Garwick (1992) proposed that a combination of several person-centered and system-centered interventions is needed to achieve true change, including a national standard for reporting all past crimes related to sexual abuse for staff working with vulnerable adults or with children.

It is common in prevention training for adults with disabilities to disclose prior sexual abuse, including abuse during childhood, and it is imperative for professionals to be prepared to respond to this information. Ideally, an agency policy would dictate procedures for such a situation. However, many service providers have not developed this type of policy, meaning that it will fall to the professional who is directly involved to implement a contingency plan, which should include reporting to the proper authorities, ensuring counseling services, and follow-up.

Preventive Interventions

Despite the prevalence of sexual abuse directed toward persons with developmental disabilities and the corresponding imperative for preventive interventions, very little is known about the dynamics and effectiveness of training to prevent sexual abuse for this population. Nevertheless, there is an expanding literature in this area for the nondisabled, and this literature provides some general guidelines for prevention training. Many in the field assert that training should address discrimination between types of touch, verbal resistance, reacting quickly to leave the situation and telling someone of the incident (Quinsey & Upfold, 1985; Saslawsky & Wurtele, 1986).

As a method of training, role-play has been reported as a useful tool for enhancing knowledge and acquisition of skill for children and for adults with mental retardation (Haseltine & Miltenberger, 1990; Muccigrosso, 1991; Wurtele, Marrs, & Miller-Perrin, 1987). The literature on teaching people with developmental disabilities to resist inappropriate solicitations (Miltenberger & Thiesse-Duffy, 1988), self protection (Poche, Brouwer & Swearingen, 1981), and sex education (Murphy & Della Corte, 1985) suggests sexual abuse prevention training for persons with developmental disabilities should also include work at a slower pace and the use of pictures or drawings to reinforce concepts.

To produce behavioral change through training, research in other areas indicates that increasing knowledge is not sufficient (Manning et al., 1989; Strecher et al., 1986). Although an understanding of self-protective skills will likely increase the ability to resist assault, applying these skills may often be mediated by beliefs about one's ability to do so. This type of self-efficacy belief must also be increased in order to achieve empowerment and behavioral change. Ozer and Bandura (1990) found this model applicable in a self-defense training program for women, reporting that training increased both skills and self-efficacy. Thus, it appears that self-efficacy belief is another appropriate component for attention in sexual abuse prevention programs for adults with developmental disabilities.

Despite compelling evidence of large scale abuse, there is a decided lack of an empiri-

cal base to support the effectiveness of prevention training for individuals with developmental disabilities. In one of the rare published evaluations, Haseltine and Miltenberger (1990) reported promising findings with a group of adults with mental retardation. Following nine 30-minute sessions of sexual abuse prevention training in small groups, participants were tested using role-play scenarios, in which a confederate adult solicited the subject. Seven of eight participants were able to apply their knowledge and display the ability to say no and get away from a potential perpetrator and to tell someone about the incident. Skills were maintained at a six-month follow-up. This study, although limited, suggests that prevention training is a worthwhile effort.

Purpose of Present Study

Our study was designed to examine a sexual abuse prevention intervention that incorporated prescribed elements of prevention training (Saslawsky & Wurtele, 1986). Specifically, the training addressed information about private parts of the body, types of touch, saying no, trying to get away, telling someone what happened. In this exploratory study, we employed an experimental evaluation design to examine the effects of this training on knowledge of sexual abuse prevention and perceived self-efficacy. The primary purpose of the study was to determine whether such training would be effective in increasing the important elements of knowledge and self-efficacy immediately after training and 30 days later.

Method

Participants

Participants were adults with mental retardation and/or developmental disabilities working in a large sheltered workshop, which contracted to receive sexual abuse prevention training from an organization called the Metropolitan Organization to Counter Sexual Assault (MOCSA). Participants were 62 adults (25 males and 37 females) ranging in age from 19 to 65, with a median of 25 and a mean of 32.7. According to the workshop, most of their employees lived in the natural home (51%). Thirty-eight percent lived in group homes. In addition, 53% had worked in the workshop for under five years, 28% had been there for 5-10 years, and 17% had worked there for more than 10 years. Participants were included voluntarily. Using the scoring criterion described below, data from seven participants were eliminated from the analysis. In addition, three participants were unable to attend the follow-up test and their scores were discarded; one employee refused to participate, and another left for an appointment during the session, resulting in a final sample of 50 participants (19 males and 31 females). Most participants had a primary disability of mental retardation (n=47; 94%); others included mental illness (n=2; 4%) and cerebral palsy (n=1; 2%).

Procedures

Approval was obtained from the workshop's administration for the study. The workshop required that all parents/guardians of the employees give consent for their son or daughter to be eligible to participate. A total of 62 consent forms were returned from a population of 122 workshop employees (51%). The nature of the study and the training, confidentiality of their responses and their right to refuse to participate in the study was explained to each participant. All participants signed informed consent forms which were read to them by the experimenter.

From the total number of eligible employees, participants were randomly assigned to experimental or control conditions. Using an alphabetical listing of eligible persons, participants were randomly assigned by every-other name beginning with a random starting point. All measures were administered by two female graduate students trained in the use of the measures. The two students were blind as to which participants were in the experimental and control groups and administered the tests to all groups of participants within minutes of one another.

Experimental Design

The study utilized a post test only, waiting list control group design. No pre-tests were administered to reduce testing effects. Both control and experimental groups received the post test in two smaller groups of approximately 15 people, following training presented to the experimental group only. Thirty days later, the follow-up post test was administered to both groups. MOCSA and the workshop agreed to provide training to the control group without evaluation upon completion of the study.

To confirm that random assignment eliminated pre-test differences between the experimental and control groups, the groups were compared on age, sex, type of disability, and level of disability. Two t-tests and two chi-square analyses revealed no differences between the groups (see Table 1 for descriptive factors).

Table 1

Descriptive Factors for Experimental and Control Groups

Factor	Experimental Group	Control Group
Age		
(Mean in years)	31.9	33.5
Sex:		
Female	14	17
Male	11	8
Type of Disability:		
Mental Retardation	23	24
Other	2	1
Level of Disability (Mean IQ)	49	48

Intervention

Training was conducted by the senior author, on location at a large sheltered workshop in a suburban area of a large midwestern city. Each training session was one hour in duration.

The sexual abuse prevention training consisted of discussion, video presentation, and role play. Training was based on a standard format used by MOCSA, which emphasized knowledge of the private parts of the body, types of touch, facts about sexual abuse, sexual abuse prevention strategies, and personal safety strategies and corresponded to the prescriptions in the literature.

Discussion began with an introduction of the trainer and information about the training organization. Participants were encouraged to answer brief, informal questions asked by the trainer, relating to types of touch, sexual abuse, what to do and who to tell. These questions were used to allow the participants to identify what they already knew about sexual abuse prevention, as well as to prepare them for open discus-

sion.

The video presentation consisted of the video Sexual Abuse Prevention for People with Physical Handicaps (Agency for Instructional Technology, 1991). This 13-minute video consisted of the following five personal safety rules: 1) your body belongs to you; 2) trust your feelings; 3) say no; 4) get away if you can, and 5) tell someone. Each rule was discussed by the narrator and presented in a dramatization involving an individual with a disability and a potentially abusive situation. Each dramatization scene utilized both male and females with different types of disabilities and different races to demonstrate what to do to protect oneself from abuse. Role-play involved asking for volunteers from the participants to act out an imaginary potential sexual abuse scenario. For example, participants were asked to pretend that the trainer was an uncle or aunt, who wanted the participant to remove his or her clothes. If needed, participants were prompted in order to verbally refuse, get away, and state who he or she would tell about the incident. In each role-play situation, the rest of the group of participants watched and gave advice to the individual participating, clapping when he or she responded appropriately.

Measures

Post Test

Knowledge of Self-Protection. Knowledge of sexual abuse prevention information was measured using a post test relating to self-protection from sexual abuse. The knowledge section consisted of seven questions regarding basic self-protection skills similar to those asked by Melber and Robinson (1993). The test consisted of one question per page, with choices of pictures to be selected by participants. There were seven possible correct choices, with each correct choice assigned one point. With the exception of the first two questions about specific private body parts, an answer was counted as correct if the entire area, a significant portion of the area, or the specific touching act of the picture was circled or marked. The item was counted as incorrect if the wrong item was circled or marked. If the participant either circled more than one picture or failed to circle any for a particular item, that item was scored as zero. For any participant having more than two such items, it was assumed that he or she either did not understand the scale or was unable to make marks to indicate answers and his or her data were eliminated from the study.

Self-Efficacy. Self-efficacy was measured utilizing the two-step process recommended by Bandura (1982). Participants were asked whether they believed a particular behavior could be accomplished, then to rate the strength of their beliefs for individual tasks. The self-efficacy measure consisted of five questions, with 15 points possible. One question related to self-protection in general and four related to specific skills. A three point Likert type format was used, with responses ranging from 1 - "almost never" to 3 - "almost always", accompanied by a "smiley-face" rating scale (ranging from a frown to full smile), similar to that used by Barnett (1984). The use of pictures and smiley faces rather than worded answers ensured that the measures were appropriate for persons with mental retardation (Murphy & Della Corte, 1985). Participants were read all questions and asked to circle the picture which represented their answer. If a participant either circled more than one choice or failed to circle any choice for a particular item, the group mean for that item was substituted. Any participant having more than two such items was eliminated from the analysis.

Results

Separate repeated-measures ANOVA's were used to analyze knowledge and self-efficacy data for post test and follow-up. The dependent variables were knowledge and self-efficacy. As described, the independent variables were the two conditions(sexual abuse prevention training versus the no-intervention control group) and time (immediate post test and 30-day follow-up test).

The first ANOVA (using self-efficacy as the dependent variable) revealed a significant difference between the experimental and control groups, $F(1,48) = 4.32$, $p = .04$, indicating that self-efficacy was higher among participants who received sexual abuse prevention training (means were 13.8 and 12.9, respectively). In addition, this ANOVA revealed a significant within subjects difference on self-efficacy scores for time (post versus follow-up), $F(1,48) = 7.02$, $p = .011$. Self-efficacy scores dropped over time between the post test and the 30-day follow-up test (see Table 2 for means). The interaction of group and time was not significant, indicating a drop in self-efficacy scores over time for both experimental and control groups.

The second repeated measures ANOVA (using knowledge as the dependent variable) revealed no significant differences between groups or between the immediate post test and 30-day follow-up testing. The means for the experimental and control groups were nearly equal (6.36 and 6.32 out of 7), with both groups achieving over 90% correct. These high scores were maintained over time. No significant decrease at the 30-day follow-up was detected.

Discussion

Our study found significant differences in self-efficacy between the persons receiving sexual abuse prevention training and those who did not. Self-efficacy has been demonstrated to be a necessary component in achieving behavior change (Bandura, 1982; Manning et al., 1989; Ozer and Bandura, 1990; Strecher et al., 1986) and may help create the personal ability to prevent and control sexual abuse (Ozer & Bandura, 1990). Although knowledge of self-protection skills is clearly requisite to avoidance of sexual abuse on the part of a potential victim, the individual's ability to utilize knowledge in an actual abusive situation may be mediated by many other factors. Our results indicated the intervention increased the participants' self-efficacy relating to self-protective behaviors, providing evidence for the efficacy of the training program, consistent with an earlier study which highlighted the effectiveness of sexual abuse prevention training for adults with developmental disabilities (Haseltine & Miltenberger, 1990). In combination with knowledge, this increase in

Table 2

Means and Standard Deviations for Knowledge and Self-Efficacy

Measure	Experimental Group		Control Group	
	Mean	SD	Mean	SD
Self-Efficacy:				
Post Test	13.84	1.93	12.96	2.26
Follow-Up	13.28	2.07	11.88	2.57
Knowledge:				
Post Test	6.36	1.03	6.32	.85
Follow-Up	6.20	1.08	5.96	1.48

self-efficacy beliefs may make it possible for the participants to engage in self-protective sexual abuse prevention behaviors.

The findings of this study provide evidence that a community-based sexual abuse prevention program for adults with developmental disabilities was effective in increasing self-efficacy beliefs relating to sexual abuse prevention. The results also support the use of a training model which includes information about private parts of the body, types of touch, saying no, trying to get away and telling someone what happened to achieved increased self-efficacy. In addition, the findings suggest that role-play, repetition during training sessions, and the use of pictures/visual aids to reinforce concepts may be useful (although these were not addressed separately in this evaluation).

An important implication of this study was that even a brief period of training and discussion about sexual abuse prevention appears to produce positive effects on self-efficacy. Traditionally, most people with developmental disabilities receive extensive training sessions to provide repetition and reinforcement due to their cognitive limitations. While such training is desirable and is likely to produce both learning and retention, many schools or agencies such as sheltered workshops cannot afford to take extended periods of time out of the hours that their employees are at work. Additionally, most agencies serving people with disabilities are on tight budgets which limit the number of sessions they are able to pay for. Yet, this study indicated that even brief exposure to material relating to prevention of abuse is better than no exposure. Thus, despite the fact that many agencies believe they do not have the time or budget to provide extensive training, they can still provide brief sexual abuse prevention training programs which can be useful in impacting self-efficacy.

Limitations

This study represents one of the first evaluations of a sexual abuse prevention program for people with disabilities, and as such should be considered exploratory in nature. Although an experimental design was chosen to ensure a high level of internal validity, there are limitations to the study. First, the knowledge post test measure employed may not have been appropriate for adults; use of the measure probably produced a ceiling effect, which prohibited detection of a treatment effect due to the simplicity of the measure. Second, the scales used were designed to measure knowledge and self-efficacy but not actual behavior in abusive situations in which knowledge could be applied. To better understand behavior, we might have utilized role-play or other forms of observation.

Directions for Future Research

Clearly, sexual abuse of people with disabilities is not a new trend; nor is it likely to end in the immediate future. Sexual abuse prevention for children and adults with developmental disabilities is a relatively new area of study, and further research is needed to clarify the skills which are needed for self-protection as well as the methods most appropriate for evaluating prevention programs. One approach which has not yet been taken would be to study individuals with developmental disabilities who have not been victims of sexual abuse and the settings in which they reside, to identify the characteristics, skills and competencies which are useful in avoiding abuse.

One promising option to meet the future need to provide training in a cost-effective manner would be to employ a train-the-trainer model to prepare agency staff to train consumers, as well as other staff members, in-house. In addition, future programs might train individuals with disabilities to serve as trainers for their peers and for children with disabilities.

A third area of need for future research is development of knowledge or skill measures relating to sexual abuse prevention. There are currently no well-validated measures existing for this purpose; and if program outcomes are to be properly evaluated, such a measure is clearly needed.

In addition, qualitative research might focus on gathering information about abuse from personal histories, stories, and experiences as told by individuals with disabilities. Group discussion might be useful, not only to gather such information, but to increase awareness of the prevalence of this problem among the participants and to generate strategies for prevention that fit the experience of abused persons.

Finally, further basic research is needed to analyze the role of self-efficacy in producing behavior change among people with developmental disabilities. Despite strong evidence that self-efficacy is an essential component of achieving change in behavior in the general population (Ozer & Bandura, 1990), this concept has not been adequately examined for people with disabilities. This framework might be applied globally to many types of behavior training programs for people with developmental disabilities, increasing their effectiveness and impact.

References

Agency for Instructional Technology (1991). *Sexual abuse prevention for people with physical disabilities* [Film].

Baladerian, N. (1992, May). *Sexual abuse and disabilities*. Paper presented at the annual meeting of the American Association on Mental Retardation, New Orleans.

Bandura, A. (1982). Self-efficacy mechanisms in human agency. *American Psychologist, 37,* 122-147.

Berkman, A. (1984). Professional responsibility: Confronting sexual abuse of people with disabilities. *Sexuality and Disability, 7,* 89-95.

Cole, S. S. (1984). Facing the challenges of sexual abuse in persons with disabilities. *Sexuality and Disability, 7,* 71-88.

Developmental Disabilities Board Area 10 Los Angeles County. (1989). *Los Angeles County prevention and intervention plan on abuse of persons with developmental disabilities*. Los Angeles, CA.

Evans, D. P. (1983). *The lives of mentally retarded people*. Boulder: Westview Press.

Finger, A. (1993, March/April). Deemed sexless. *Utne Reader,* pp. 107-108.

Furey, E. M. (1994). Sexual abuse of adults with mental retardation: Who and where. *Mental Retardation, 32,* 173-180.

Garwick, G. B. (1992, May). *Major problems in dealing with the sexual abuse of people with developmental disabilities*. Paper presented at the Annual Convention of the American Association on Mental Retardation, New Orleans, LA.

Haseltine, B., & Miltenberger, R. G. (1990). Teaching self-protection

skills to persons with mental retardation. *American Journal on Mental Retardation, 95,* 188-197.

How to address sexual victimization of the mentally retarded. (1987, April). *Sexuality Today, 10,* p. 1-2.

Manning, D., Barenberg, N., Gallese, L. & Rice, J. (1989). College students' knowledge and health beliefs about AIDS: Implications for education and prevention. *Journal of American College Health, 37,* 254-259.

Melber, Y., & Robinson, S. L. (1993). *Evaluation of the effectiveness of a sexual abuse prevention program for elementary school aged children.* Paper presented at the annual meeting of the Missouri Psychological Association, Kansas City, MO.

Miltenberger, R., & Thiesse-Duffy, E. (1988). Evaluation of home-based programs for teaching personal safety skills to children. *Journal of Applied Behavior Analysis, 21,* 81-87.

Muccigrosso, L. (1991). Sexual abuse prevention strategies and programs for persons with developmental disabilities. *Sexuality and Disability, 9,* 261-271.

Murphy, L., & Della Corte, S. (1982, March-April). Sex education for the special person. *Special Parent - Special Child,* pp. 1-7.

Ozer, E. M., & Bandura, A. (1990). Mechanisms governing empowerment effects: A self-efficacy analysis. *Journal of Personality and Social Psychology, 58,* 472-486.

Pawelski, C. E. (1992, December). The world of disabilities. *National Resource Center on Child Sexual Abuse News.* pp. 3, 10.

Poche, C., Brouwer, R., & Swearingen, M. (1981). Teaching self-protection to young children. *Journal of Applied Behavior Analysis, 14,* 169-176.

Quinsey, V. L., & Upfold, D. (1985). Rape completion and victim injury as a function of female resistance strategy. *Canadian Journal of Behavioral Science, 17,* 40-50.

Salawsky, D. A., & Wurtele, S. K. (1986). Educating children about sexual abuse: Implications for pediatric intervention and possible prevention. *Journal of Pediatric Psychology, 11,* 235-245.

Scheerenberger, R. (1983). *A history of mental retardation.* Baltimore, MD: Paul H. Brookes Publishing Company.

Sobsey, D. (1989, December). *Sexual abuse prevention treatment services for people with disabilities.* Paper presented at the Annual Conference of the Association for Persons With Severe Handicaps, San Fransisco, CA.

Sobsey, D. (1990). The prevention of sexual abuse of people with developmental disabilities. *Developmental Disabilities Bulletin, 18,* 51-66.

Strecher, V. J., McEvoy DeVellis, B., Becker, M. H., & Rosenstock, I. M. (1986). The role of self-efficacy in achieving health behavior change. *Health Education Quarterly, 13,* 72-92.

Tobin, P. (1992, December). Addressing special vulnerabilities in prevention. *National Resource Center on Child Sexual Abuse News,* pp. 5, 14.

Wilgosh, L. (1990). Sexual assault and abuse of people with disabilities: Parents' concerns. *Developmental Disabilities Bulletin, 18,* 44-50.

Wisconsin Council on Developmental Disabilities. (1991). *At greater risk: Legal issues in sexual abuse of adults with developmental disabilities.* Madison, WC.

Wurtele, S. K., Marrs, S. R., & Miller-Perrin, C. L. (1987). Practice makes perfect? The role of participant modelling in sexual abuse prevention programs. *Journal of Consulting and Clinical Psychology, 55,* 599-602.

Author Notes

This project was conducted as a doctoral dissertation by the first author in the Department of Psychology at the University of Missouri at Kansas City. The author is currently the Program Director of the Personal Safety Awareness Center for people with disabilities at the Austin Rape Crisis Center.

Correspondence should be addressed to Sheryl Robinson Civjan, Austin Rape Crisis Center, 1824 East Oltorf, Austin, Texas 78741.

Article Submission

The *Family Violence & Sexual Assault Bulletin (FVSAB)* welcomes articles on research & treatment issues to be considered for publication. All articles are processed through a blind, peer-review system. Guidelines for authors are available by contacting the *FVSAB* Production Editor, at 903/595-6600, FAX 903/595-6799, e-mail: fvsai@e-tex.com or send submissions to: FVSAI, 1310 Clinic Dr., Tyler, TX 75701.

Editorial Responsibility

Points of view or opinions expressed in the *Family Violence & Sexual Assault Bulletin (FVSAB)* do not necessarily reflect those of the Family Violence & Sexual Assault Institute (FVSAI), its board, or the editors. Any inaccuracies are the responsibility of the author. FVSAI prints the *FVSAB* to stimulate discussion, study, and education among advocates, researchers, clinicians, and agencies. FVSAI welcomes articles or comments on professional matters.

BEST COPY AVAILABLE

Family Violence & Sexual
Assault Institute
1310 Clinic Drive
Tyler, TX 75701

Non-profit org.
Postage paid
Permit No. 207
Tyler, TX 75701

"Address Correction Requested"

Guaranteed Advertising Placement

Put your ad in the FVSAB — Anywhere you want it...

Maybe you would like your ad to run just in front of the Research & Treatment Issues section or perhaps the Book & Media Reviews section...you get the idea, provide the ad and we make sure it is seen there. See page 42 for ad types and rate information.*

To receive our advertising packet or for more information, contact the FVSAB Production Editor, at:
903/595-6600, FAX: 903/595-6799 or e-mail: fvsai@e-tex.com
**restricted to availability, guaranteed on a first contract, first-served basis.*

Family Violence & Sexual Assault Bulletin

Volume 12, No. 3-4

Fall/Winter 1996

** Research and Treatment Issues **

A Solution-Focused Approach to Child Abuse by John Leverington, MSW, Co-Director of the Brief Therapy Institute, Cedar Rapids, IA 25

The Pervasiveness of Maladaptive Attributions in Mothers At-Risk for Child Abuse by Lisa P. Reiss Miller, M.A., & Sandra T. Azar, Ph.D., Francis Hiatt School of Psychology, Clark University, Worcester, MA 31

– Departments –

FVSAI Staff & Editorial Board 2
Editor's Comments 3
Legal/Legislative Issues 4
Letter to the Editor 5
FVSAI Book Club 6
Book & Video Reviews 11
Announcements 21
Research & Treatment Issues 25
Special Commentary 38
Multi-Cultural Resources 41
Conference Calendar 45
Networking 49
Newsletter Resources 55
FVSAI Publications 56
Online Resources 58
Clearinghouse Classifications & References 60
Resources 79
FVSAI Order Form & Publication List 83

** Classified Guide to Family Violence and Sexual Abuse Literature **

Child/Adult Sexual Maltreatment References 61
Child Physical/Psychological Maltreatment References 70
Elder/Parent Maltreatment References 75
Spouse/Partner Physical/Psychological Maltreatment References 76

BEST COPY AVAILABLE

Family Violence & Sexual Assault Bulletin

Robert Geffner, Ph.D.
Executive Editor

Mary Sala-Lewis, M.A.
Managing Editor
Marsha Millikin, B.S.
Production Editor

Debra Rubin, M.S.S.
Legal/Legislative Associate Editor
Christi L. Lloyd, B.A.
Assistant Editor References

Editorial Board

SANDRA T. AZAR, Ph.D.
Clark Univ., Worcester, MA
JAMES BREILING, Ph.D.
Nat'l. Institute of Mental Health, Rockville, MD
ANNE L. GANLEY, Ph.D.
Seattle VA Medical Ctr., Seattle, WA
FRANK GEMBALA, J.D.
Cook County Circuit Court Judge, Riverside, IL
ANN GOETTING, Ph.D.
Western Kentucky Univ., Bowling Green, KY
L. KEVIN HAMBERGER, Ph.D.
Medical College of Wisconsin, Kenosha, WI
MARY R. HARVEY, Ph.D.
Victims of Violence Programs, Cambridge, MA
JAN HINDMAN, M.S., M.Ed.
Alexandria Associates, Ontario, OR
JOHN K. HOLTON, Ph.D.
Project of Human Development in Chicago Neighborhoods, Chicago, IL
HONORE M. HUGHES, Ph.D.
St. Louis Univ., St. Louis, MO
EVE LIPCHIK, M.S.W.
ICF Consultants, Inc., Milwaukee, WI
PAULA LUNDBERG-LOVE, Ph.D.
Univ. of Texas at Tyler, Tyler, TX
SHELLY MARMION, Ph.D.
Univ. of Texas at Tyler, Tyler, TX
CHARLENE MUEHLENHARD, Ph.D.
Univ. of Kansas, Lawrence, KS
ALAN ROSENBAUM, Ph.D.
Univ. of MA Med. Ctr., Worcester, MA
ROBBIE ROSSMAN, Ph.D.
Univ. of Denver, Denver, CO
ILA SCHONBERG, M.S.W.
Head Start, West Bloomfield, MI
ROSALIE S. WOLF, Ph.D.
Nat'l. Committee for the Prevention of Elder Abuse, Worcester, MA
VICKY VEITCH WOLFE, Ph.D.
Children's Hospital of Western Ontario London, Ontario, Canada
JOAN ZORZA, J.D.
Domestic Violence Report, New York, NY

Membership Information

In order for the Institute to provide our services to you, it is important that we receive your membership renewal. Our continued operation depends on fees and donations. The *Family Violence & Sexual Assault Bulletin* is published in January and June each year, therefore, we bill two times per year. Updated supplements are published in March and September. Memberships are valid for one calendar year. Your address label includes the month membership expires. Memberships must be renewed immediately to insure noninterruption of your subscription to the *Bulletin*. You must be a member of the FVSAI clearinghouse to use our services. Address all membership requests to Membership Coordinator, FVSAI, 1121 ESE Loop 323, Suite 130, Tyler, TX 75701. Telephone 903-534-5100, Fax 903-534-5454, or e-mail: fvsai@e-tex.com.

Circulation Notice:

The *FVSAB* is provided as a service to clearinghouse members, including clinicians, researchers, practitioners, shelters, and other agencies in the field of family violence and sexual assault. The *Bulletin* is also purchased by libraries and individuals in the U.S. and in more than eighteen countries. It is internationally distributed to over 2,000 people and agencies.

Advertising

Announcements are accepted in full, two-thirds, one-half, one-third, one-fourth, and one-eighth page sizes in black and white. Write or telephone for rates and deadlines at 903-534-5100, Fax 903-534-5454 or e-mail: fvsai@e-tex.com.

The *Family Violence & Sexual Assault Institute* is a nonprofit organization (501(c)3). All donations and grants are tax deductible and tax exempt.

POSTMASTER:

Send address changes to: Publications Department, Family Violence & Sexual Assault Bulletin, 1121 ESE Loop 323, Suite 130, Tyler, TX 75701.

Family Violence & Sexual Assault Institute

Robert Geffner, Ph.D.
President/Founder
Mary Sala-Lewis, M.A.
Director
Carol Ewbank, M.Ed.
Secretary/Treasurer

Staff

MARSHA MILLIKIN, B.S.
Production Editor
CHRISTI L. LLOYD, B.A.
Editorial Assistant, Trauma & Maltreatment Press
CHRISTINE MILLIKIN & CRYSTAL McCOO
Staff Assistants
MARY WILLIAMS
Librarian

National Advisory Board

JOHN BUFE', J.D.
Potter, Minten, Roberts, Davis, & Jones, Tyler, TX
JACQUELINE CAMPBELL, Ph.D., R.N.
Johns Hopkins University, Balitmore, MD
JUDGE DIANE DAL SANTO, J.D.
District Court, Albuquerque, NM
MARY ANN DUTTON, Ph.D.
George Washington Med. Ctr., Alexandria, VA
DAWN FRANKS, M.P.P.A.
United Way, Tyler, TX
MICHELE HARWAY, Ph.D.
California Family Study Center, Los Angeles, CA
GLENN PAUL HICKS, C.P.A.
Tyler, TX
JUDGE CINDY LEDERMAN, J.D.
Dade County, Miami, FL
SANDRA SAYLES-CROSS, Ph.D., R.N.
Univ. of Texas at Tyler, Tyler, TX
MURRAY STRAUS, Ph.D.
Univ. of New Hampshire, Durham, NH
JOYCE THOMAS, R.N., M.Ph.
People of Color Leadership Institute, Washington, DC
LENORE E. WALKER, Ph.D.
Domestic Violence Institute, Denver, CO
COZETTE WHITE, B.A.
Resource Development Consulting, St. Louis, MO
OLIVER WILLIAMS, Ph.D.
Univ. of Minnesota, Minneapolis, MN

BEST COPY AVAILABLE

Editor's Comment

Integration of the Family Violence Field

One exciting aspect of working in the area of family violence (FV) at this time is being able to observe the gradual maturation of the field. There are much greater opportunities for obtaining state-of-the-art information about all aspects of FV. For example, there are more journals focusing specifically on some aspect of family maltreatment, including the *Journal of Child Sexual Abuse, Child Abuse & Neglect, Journal of Family Violence, Journal of Interpersonal Violence, Child Maltreatment, Journal of Elder Abuse, Violence & Victims, Sexual Abuse, Journal of Offender Rehabilitation, Violence Against Women,* and our own *Family Violence & Sexual Assault Bulletin.* In addition, other journals are including more articles concerning issues relevant to FV, such as the *Journal of Traumatic Stress* and *Aggression & Violent Behavior.* Two new journals will be debuting next year that I will edit or co-edit: *Journal of Emotional Abuse* and *Journal of Aggression, Maltreatment, & Trauma.*

In addition to these journals, more conferences are being organized that focus on disseminating research, training participants on the newest techniques and networking among advocates, clinicians, researchers, and others working in FV. For example, in the last two years, the Family Research Lab group in New Hampshire has organized a conference on family violence research and one on trauma research. In 1996, our institute, in conjunction with the Institute of Human Development at the University of Texas in Austin, organized a conference on children exposed to family violence, and in 1995, we organized one on abuse and trauma. These were in addition to the annual conferences of professional organizations such as APSAC and ISTSS, to name just two. Next year also promises to be a good year for conferences (see the announcements for 1997 conferences on Page 43.

It would be worthwhile if some of the conferences could somehow be combined in the future so that travel costs could be reduced, more networking and brainstorming among professions and disciplines could occur, and there could be more sharing of information from different perspectives. There are many logistical challenges in trying to accomplish this, but perhaps some of the organizations could work together in planning conferences in the future.

Definition of FV and Use of Terms

As a field matures, the use of terminology and the definitions usually change to reflect advances in technology, research, and theory. Hopefully, this will also occur in the FV field. It appears that two major terms seem to reflect the current thinking concerning FV: *trauma* and *maltreatment.* There has been substantial research and theory devoted to human aggression and violence and it appears that this foundation of knowledge and research should be utilized more in the FV field. Perhaps it would be better to change the term "abuse" to "maltreatment" to describe the acts of aggression, abuse, and trauma inflicted by one family or relationship member toward another who has less power or authority. *"Family maltreatment"* (FM) would then include physical, sexual, or psychological (including neglect). The terms *"child maltreatment," "elder maltreatment," and "spouse/partner maltreatment"* could be incorporated. The maltreatment would generally produce *"trauma"* in the victims.

It is important for the field to decide upon mutually acceptable terms and definitions so that research can then be compared directly across studies and disciplines, thereby rendering the results generalizable. Not having standard operational definitions and terms has hindered the applicability and interpretation of substantial research studies for many years.

Offenders of Family Maltreatment

Another area that has been the center of recent debates concerns perpetrators of various types of FM. Issues include prevalence rates, etiology, assessment of risk and lethality, treatment efficacy, recividism, and family reunification. We do not have as much research-based information concerning offenders of FM as we do for other types of criminal or violent acts.

There does not seem to be a listing or adequate information concerning the number or locations of available treatment programs, their philosophies, modalities, effectiveness, program logistics, credentials and training of providers. It would be valuable to gather and disseminate this information. This would help improve research, statistical reports, and general knowledge concerning FM offenders.

In addition, it would be useful to develop standardized assessment batteries to use in evaluating FM offenders upon disclosure of FM, during treatment, and at follow up. Some of this is beginning to occur with victims, but I am not aware of it occurring on a global scale for perpetrators.

This brings up a related topic: the type of treatment for FM offenders, and the credential training of those providing the services. It is clear, with most criminal behaviors and aggression, that qualified mental health or social service professionals are needed to conduct assessment and treatment for those offenders who are rehabilitable. However, this does not necessarily occur with FM offenders. The main reason seems to be the types of services offerred; that is, whether the offender needs "education" or "treatment." This has been especially true in spouse/partner maltreatment, where most programs emphasize education. It appears that FM offenders have complex dynamics, important psychological issues, dangerous and criminal behaviors, and serious problems with attitudes and beliefs. Therefore, it seems that education of the offender is not the solution, but just one piece of the puzzle. Treatment also appears to be necessary. We would not permit a violent criminal offender "back on the street" with only an educational program as the "cure." However, this is what we generally do with batterers. For those batterers who are amenable, treatment also must occur. This then implies that providers must be qualified professionals, in conjunction with paraprofessionals, specifically trained to deal with these types of offenders.

Batterer intervention advances are due mostly to the significant efforts of people in the grassroots battered women's movement. However, now it is time to move forward and to assess and treat batterers in a similar manner as other potentially dangerous offenders, with professionals and advocates working together.

Until next time, Be Careful, Be Safe, and Have a Happy New Year!

Bob Geffner, Ph.D.

BEST COPY AVAILABLE

A Solution-Focused Approach to Child Abuse

John Leverington, MSW
Co-Director of the Brief Therapy Institute in Cedar Rapids, IA

Parents who are identified as being emotionally or physically abusive or neglectful of their children are often required to participate in family-based services. The procedures used while the child abuse investigation is carried out, as well as the manner in which services are provided, affects the parents' and family's willingness to engage services as well as their sense of competence to solve problems and work cooperatively with services provided.

One mother's comment about her experience of both being investigated and receiving services points out the graphic difference the theoretical approach can make in service delivery: "They (the child abuse investigator and family-based social worker) made me feel like I didn't know anything." The traditional approach to providing services in cases of abuse and neglect is a problem centered, individually-focused approach which often comes across to families as being blame-inflicting and punitive. This approach is easily identified by the terms used to describe clients, including labels such as dysfunctional, incapable, unfit, incompetent, damaged, resistant, or inadequate. From this model, parents are viewed as being ineffective in caring for their children, and the treatment worker is placed in the position of knowing what is best for the child. This may be legally necessary during court procedures in which termination of parental rights is being sought. However, it is not useful during service delivery to the family when the goal is to improve the parents' ability to care for their children. If child protective services agencies are to be effective in their work with families, they must learn how to effectively build on family strengths while working at the same time with a legal system that is based on finding fault. If a parent perceives the worker as an investigator who is looking to blame and only identify what is wrong with the family for the purposes of prosecution or removal of the children from the home, there is little likelihood that a therapeutic alliance can later be formed.

For effective treatment of child abuse and neglect, the family-based workers must clearly define their role within these larger systems in a way that allows the family to see them as advocates. This lays the groundwork for development of a therapeutic relationship based on respect, trust and mutual understanding. This must include both respect for the family's culture and a desire to understand the family's view of the problem. The necessary groundwork for such respect is laid by inviting the parents to take responsibility for their actions through the use of therapeutic questions, cooperatively formulating realistic treatment goals and identifying steps the family can take to reach these goals (Jenkins, 1990). The therapeutic approach which provides the foundation for these techniques is a solution-focused model. While this approach can be applied to a wide range of presenting problems, including substance abuse, depression and anxiety, the emphasis of this particle is on improving parenting skills and parent-child interaction where child abuse and neglect have been identified as the presenting problems.

Solution-Focused Goals

Being solution-focused is a way of thinking about families that looks for and identifies strengths and then designs treatment programs and intervention ideas that are consistent with this thinking (deShazer, 1991). Such thinking guides worker decisions about what kinds of questions are asked, what observations are made, how parents' capacities to care for the child are evaluated, and how treatment goals are set. This provides a way of thinking about families that develops hope and motivation that allows change more easily to take place. As a result, families and clinicians work together to overcome the problem, change occurs faster, and the worker's job becomes more personally rewarding and satisfying.

This article is designed to be practical and targets those who work directly with families. The tools described for implementing this approach can be used with families who voluntarily request services as well as those who are court-ordered to receive treatment. This method is useful for those who have brief or limited contact with a family (such as child abuse investigators, intake workers, child protective service and family-preservation workers) as well as those who provide on-going services (such as family-based and family-centered workers).

One distinguishing characteristic of this approach is that it is a collaborative method of working with parents and families. It invites family members' involvement by identifying family strengths and identifying exceptions to

the abusive behavior, and then focusing on increasing the times when the parent is able to deal with the child's behavior in an age-appropriate manner, rather than focusing on decreasing the problematic parent-child interaction (Berg, 1994). These two tools are first used as a practical framework for doing assessments, then used further to set realistic goals and treatment objectives by involving the family.

Another key tenant of the solution-focused approach is that it is respectful of the unique cultural, ethnic, and socioeconomic values of each parent and family. This respect happens quite naturally in this approach since the parents are collaborators in the treatment goals, are kept in charge of the family, and feel supported in wanting to increase their competence, confidence and self-control. Families, when this approach was used, report an increased sense of self-respect and self-control which are both necessary treatment outcomes when the identified problem is child abuse or neglect (Leverington & Wulff, 1992).

A distinguishing outcome of this approach is shorter duration of service required and longer lasting changes in families' behavior (Selekman, 1993). This outcome is a natural result of family members being more directly involved in deciding goals for themselves and identifying their own solutions. The list below contrasts the perspectives of the more traditional problem-centered approach to working with abusive families and the solution-oriented approach (Leverington & Leverington, 1992).

Goal Setting

Mark Twain said, "The surest way to get a body to do something is to tell them not to." Often in cases of child abuse and neglect, parents are told what not to do in caring for their children, such as, "Don't leave your child with inappropriate baby-sitters, don't leave your children alone, don't hit, don't spank, don't yell, don't lose your temper, don't get so upset." The solution-focused approach exhibits concern for the child's safety and welfare and focuses on the goal of the parents taking more responsibility for raising their children, consistent with the problem-focused models. The key difference is how to work with the parent in protecting the child. The solution-focused model in no sense condones or minimizes abuse or family violence. However, rather than being in an adversarial role, the worker is given a method in this model to join with parents in increasing their ability to care for and protect their children.

The problem-focused model tends to place responsibility on the worker for being the expert and having the right answers for the parents. It likewise gives the expectation that parents need to comply with these directions from the worker. However, goals for changing behavior need to be established in conjunction with the parents in order to be their own rather than being imposed from the outside (Durrant, 1993). It has been the author's experience that when parents are invited to establish goals for change, they establish the same goals as the worker would. When they establish the goals themselves, it naturally follows that they are invested in reaching them. In some instances when the severity of abuse and non-responsiveness of parents persist, goals may need to be imposed. However, if the solution-focused approach is utilized from the beginning of contact with a family (with the abuse investigation, for example), the likelihood of such drastic action is reduced. Even after becoming quite skilled in using the solution-focused model in collaborating with families on goal setting, workers can fall into the trap of believing they know what is better for the child and family than the parents. This frequently leads to parents either overtly or covertly disagreeing with the worker's ideas and sabotaging treatment because they do not feel valued or respected as individuals, and thus have no investment in change.

Focusing on Strengths

Another contrast between these two approaches is that the problem-focused model emphasizes stopping the negative behavior of the parents, while the solution-focused approach emphasizes the start of positive behavior or doing more of what is already working (Peller & Walter, 1992). The goal of the solution-focused worker is the presence of acceptable behavior while the goal for the problem-focused worker is the absence of unacceptable behavior. The solution-focused worker is looking for and observing things the parent is doing correctly in interactions with the child, while the problem-focused worker is looking for things that the parent is doing wrong. Instead of only asking the parent for more information about the abuse, the solution-focused worker expresses more interest in the times the parent does control his or her temper and refrains from abusive behavior. The therapeutic task is to get more details about alternatives to the abusive pattern of behavior, such as going for a walk to cool off, counting to 10, talking to oneself, leaving the room, or talking to the child. This not only gives the worker information about what the parent does to refrain from abuse or neglect, but also

CONTRASTING MODELS

PROBLEM FOCUSED MODEL		SOLUTION FOCUSED MODEL
Compliance	vs	Cooperation
Confrontation	vs	Invitation
Confession necessary precondition	vs	Confession part of the process
Therapist demands	vs	Therapist elicits
Therapist the expert	vs	Therapist values not knowing
Blame	vs	Respect
Focus on the problem	vs	Focus on exceptions to the problem
Focus on the past	vs	Focus on the present and future
Focus on deficits	vs	Focus on strengths

helps the worker understand how the parent thinks and behaves. If the parent copes in a more cognitive manner, the worker will hear statements such as, "I'll think about it." If the parent copes in a behavioral manner, the worker will hear statements such as, "I just have to get out of the room." If the parent copes in a verbal manner, the worker will hear statements such as, "I take time to talk about the situation." These statements give the worker clues about how to join the parent, using the parent's own language, and ideas about what works for the parents in reducing the escalation of conflict or preventing the intensity of their tempers from getting the best of them.

The result of looking for things the parent is doing wrong is that the parent becomes defensive, fearful, angry and distrustful of the worker. The result of looking for things the parent is doing right is that the parent becomes more accepting and trusting of the worker as he/she feels more accepted and trusted by the worker. The solution-focused method builds a sense of competence and resilience by focusing on abilities. The problem-focused approach, on the other hand, portrays the parent as a poor or bad parent and builds a sense of incompetence. The problem-focused approach can also result in a much longer involvement in services, especially when the worker looks for or identifies characteristics of dysfunction in the parent's family of origin or extended family. For example, this may mean having to work through the adult child issues before the parent can be considered capable of effectively caring for his or her own child without risk of repeating the same pattern of abuse (Wolins, 1993). While this may be helpful in some instances, it does not mean that working through one's own experience as a child is a prerequisite for effectively parenting one's children.

Home or Office Observations

Building on the parent's and family's strengths by observing the interaction that takes place between family members and recognizing both the parent's and children's efforts is greatly facilitated when the worker can see the family in their home (Leverington & Wulff, 1989). Both the manner in which the parent talks to the child and the child's compliance to parental commands are more easily observed in their home setting. The home itself is a rich reflection of family capabilities that is evidenced by pictures, trophies, awards, or certificates that are displayed. The worker can ask how individual or family members won a particular award, what the trip depicted in the picture was like, or how the bowling trophy affected the person and the relationships between people in the family. It is important that the worker ask if this was a positive or negative experience and not presume to know the answer (Gilligan & Reese, 1993). One parent may regard the softball trophy as a symbol of accomplishment while the spouse may consider it a symbol of personal selfishness because it represents time taken away from the family. This is an example of the value of discovering the meaning that family members attribute to such experiences (Friedman, 1993).

When an individual or family strength is identified, such as a child's Nintendo ability, or a parent's mechanical or painting ability, it can be applied to the presenting problem as a resource. This is done by having the person describe this ability, then asking a series of questions that elicit detailed information about that ability and its possible use to overcome the presenting problem. A sample series of questions might be, "How do you do that so well? What do you like about it? What makes it fun, or a challenge? How did you learn it? What helped you develop this? Are there times you demonstrate that same endurance in disciplining your children without losing your temper?" One mother described herself as being impatient with her child, wanting the child to respond immediately when told, and getting angry when the child didn't comply. When asked about her hobbies, she described gardening as a way to relax and enjoy herself. In her account of gardening, the process of preparing the soil, planting, watering, weeding and harvesting were all discussed. The worker then began to connect these skills the mother already demonstrated in gardening to her parenting by talking with the mother about the "weeding" that she did with her child's misbehavior and about what "watering and planting" was being done for the child. Gardening became a humorous and powerful positive metaphor in talking about parenting with the mother. The worker's parting comment at the end of the session was, "It takes time and patience to develop a product!" In subsequent sessions the mother began to reevaluate her expectations of the child and was able to identify more age-appropriate expectations.

A three step process is helpful to keep in mind in implementing this approach:

1. Elicit exceptions to the problem.
2. Amplify exceptions to the problem.
3. Utilize resources to combat the problem.

Following is a description of each of these steps, followed by practical questions that can be used to begin implementing the solution-focused approach.

Eliciting exceptions to the problem

Eliciting exceptions to the problem refers to asking about times when the abuse or neglect might have happened but didn't. This would include asking about times when the parent and child did interact in constructive, nurturing and enjoyable activities. It would also include questioning about times when the parent did make arrangements for proper child care, or about what it would take to begin to provide for such care. This may include use of other community resources, such as financial assistance or school-based day care, but the parent is allowed the responsibility and opportunity to make such requests. An old proverb states, "Never ask a horse to do something it would have done on its own." In the same way, if a worker acts too quickly in the name of help by doing for a parent or telling the parent what to do, it may usurp the responsibility and the ability of the parent to do so on his or her own. This kind of benevolent sabotage of a parent's role is counterproductive to empowering the parent to independently and responsibly care for

the child.

One way to elicit an exception to the problem is by asking about pretreatment change. This employs another proverb: "If it's not broke, don't fix it." The Brief Family Therapy Center in Milwaukee, Wisconsin asked a standard question at the beginning of every session to evaluate how often pre-session change actually occurs (deShazer, Gingerich, & Weiner-Davis, M., 1987). The question asked was, "Since the time the appointment was scheduled until the actual meeting, have you noticed any changes?" They found that 50% of the people responded affirmatively, stating that something positive related to the presenting problem had occurred. This is a valuable piece of information that can easily be overlooked. A particularly dangerous pitfall to effectively working with abusive families is believing that the parent or family could not have done anything different because they haven't received services yet.

A case example illustrates that quite the opposite can occur if workers apply this kind of strengths approach. A family-based worker went to meet a single parent mother and her 13 year old daughter for the first time. The referring information stated that mother and daughter were involved in an argument that escalated to a fight that included hair pulling, scratching and hitting each other. This was reported as child abuse by the school teacher, and a subsequent referral was made for family-based services. It had taken two months, however, between the child abuse investigation and the first family-centered service appointment with the family. At the first session, the family-centered worker asked about pretreatment changes and the mother and daughter reported no major conflicts for the last two months. When asked how this had happened, both mother and daughter concurred that the investigative worker told them that someone would be calling to begin treatment and that they hadn't fought because they were waiting for treatment! The worker very perceptively asked more about how they had avoided fighting and what mother and daughter were doing differently, noting that there certainly had to have been opportunities for getting into a fight during the last two months. The family's positive responses became the primary focus of the session. Subsequent meetings continued to stress the mother's and daughter's abilities to manage conflict constructively and build on the ways they were resolving conflicts. Although mother and daughter experienced subsequent times of conflict, none were serious enough to warrant another child abuse report, they became increasingly infrequent, both mother and daughter expressed confidence in their ability to end fights before escalation, and they could give their own very specific plans for conflict management. Many of the techniques they employed are commonly taught in conflict management and parenting courses, but because they were their own ideas, described in their own language, they could both articulate them and use them effectively because they were already in their repertoire. Sample questions used in this approach are presented below in Table 1.

Other effective ways to elicit exceptions to the problem can be utilized during treatment and include asking for past, present, and future exceptions to the problem. Sample questions are presented in Table 2 on the next page.

Amplify Exceptions to the Problem

Use What Questions

"Amplifying the exception" refers to what the family is specifically doing differently when they do get along or what the child does when he or she does not let the temper get the best of him or her. It is expanding the story or talking about the behavior and pattern of interactions that take place in relationships when the desired behavior occurs. It is important to look for and ask about the small, specific and positive behaviors that individual family members describe as the exception and expand or amplify them.

Use How Questions

It is important to ask not only what is done but how this occurs. Ask how people began behaving in a constructive manner and what they do to maintain the desired behavior. The importance of amplifying the exception is to make the exception into the rule, a routine part of the person or family's life. By expanding the talk about what the child, parent or family is doing that works, a new story is being constructed, a new reality with them about their lives and relationships. There appears to be a direct relationship between the amount of solution talk that takes place in a session and the likelihood of such actions or behaviors taking place outside the session. The more solution talk that occurs the more likely people will behave in that manner. The worker showing interest in getting more information about the exception underlines the importance of this behavior to the parent and child. As complete a description of the solution pattern as possible gives the worker ideas about kinds of assignments, suggestions, recommendations or tasks to give the family that will work. For example, if a parent describes getting up and leaving the room to avoid

Table 1 PRETREATMENT CHANGE QUESTIONS

- Since the time of the child abuse investigation until now, what have you done differently to deal with Billy's temper tantrums? How did this happen? How do you explain it?
- Since the investigation, has anyone (spouse, friend, mother, neighbor) given you any ideas about how to deal with the child? Which of the ideas have worked best?
- In the last week, are there things that you, your partner, or, whoever, are doing differently?
- When are times that you have been able to get your child to comply?" (adapted from deShazer and others).

Table 2 SAMPLE QUESTIONS

PAST & PRESENT EXCEPTION QUESTIONS

- When do you notice that your son or daughter is less of a problem?
- When are times when you have managed to keep the temper from affecting you? What is different about those times?
- What is different when you do not have the problem? What do you, your spouse, room mate, child, friend do differently during these times? What will have to happen for that to happen more often? What do you have to do to make it happen more often?
- How will you know the problem is really solved? How will your spouse, companion, friend, child, boss, CPS worker, probation officer, judge know?
- In a child abuse case where a parent has hit the child, instead of asking for more information about the problem such as "when do you hit, how often, why do you do it?" You can say, "Describe what happens during times when you felt like hitting your son/daughter and you didn't. What helps you keep your composure?"
- Have you caught yourself getting angry and been able to stop it? When you catch yourself getting upset what do you do? What is different about those times? Do you think differently? Is the time different? Is the sequence of events different? Who else is involved?

FUTURE EXCEPTIONS: HYPOTHETICAL QUESTIONS

- Imagine that a miracle took place tonight and when you woke up in the morning (the child's behavior or parent's temper) wasn't a problem. What would be different? How would you know the miracle happened? How would other people know?
- Suppose you could put this problem on fast forward like a video tape. What would it look like when it wasn't so overwhelming?
- Let's say there are two video tapes; one when you are standing up to the problem, and the other when the problem is getting the best of you. What would you see differently when you are in charge? What would be the first indication to you that something was different? What would have to happen to start doing that now? Where would you be when you noticed the change? Who else would notice? What would they notice?
- How would this affect others in the household? What would they start doing differently?
- What would be a small sign to you, that when you notice it during the next week, will indicate to you that you're taking a step in the right direction, that would give you reason for hope? (deShazer, 1988)

an argument, this provides the worker with information about how to work with this parent. Another parent might say that thinking about his or her own childhood was what kept his/her temper under control. This would indicate the value of using a cognitive approach with this parent. Exploring ways the parent thinks and how this affects the parent's behavior is a way to fit the intervention to the parent. How to start the exception, how the child responds and what difference this makes in the relationship becomes the focus of future sessions.

Avoid Why Questions

Why questions refer to a person's motivation or intention and are not directly observable. It is important for both the worker and family to avoid focusing on making motivational judgments. Changes in behavior can be easily discounted if intention is the focus of the discussion. By focusing on what is being done or said, the worker is not ascribing negative meaning to the behavior, but remains focused on what is or isn't being done. Why questions also infer that there is something much deeper in the psyche of the person that is wrong with them. This means an individual focus on the person as the cause of the problems and that long term treatment will most likely result. By avoiding why questions you also avoid blaming and remain family centered. Thus, the focus should be on what and how questions, samples of which are shown in Table 3 below.

Table 3
WHAT & HOW QUESTIONS

- "Describe what happens when you do get along as a parent and child."
- "How do you keep the temper from getting the best of you?"
- "What do you see or hear when the children are enjoying each other?"
- "Describe a time or times when you were able to remain calm under pressure (perhaps at a job, with a police officer, or with a teacher). What would it take to have that same calm manner when your child is disruptive? What has to happen to have more of those times or to keep this up?

Utilize Exceptions to the Problem To Build Parent Competence

One way to reinforce the parent's competence is by complementing any positive behavior that is observed or described. By complementing the parent and/or family on their efforts and accomplishments, attention is being focused on the solution. Compliments also allow family members to acknowledge their own and each others' abilities. Genuine compliments are effective in not only acknowledging the parent or family's ability or progress, but also makes assignments more palatable, which increases the likelihood that the person will do whatever is suggested (deShazer, 1985). When someone tells you something positive about yourself and then suggests you do something, you are much more likely to acknowledge and accept the idea. It is more difficult to say no to someone who is complementing you.

BEST COPY AVAILABLE

Exceptions to the problem can also be utilized by asking what the exception means about oneself or about other family members. This provides new definitions about one's own ability and alters family members' perceptions of one another. To acknowledge that a child isn't bad all the time or that the child stays out of trouble even 50% of the time provides opportunities to talk about the other 50%. It is a common human trait to overlook the positive things that you like about one another and do for one another when in conflict with that person.

Asking the following meaningful questions about the exception is another way to build personal and family competence in their ability to overcome problems. The exception can be utilized to build the parent's and family's confidence in facing not only this difficulty but others in the future. In a similar but opposite manner, utilizing past resources can help deal with the presenting problem. By asking how the parent has constructively dealt with similar or other traumatic events, a past resource is connected with the present. The solution pattern of behavior utilized in the past can be considered to apply to the present or to be altered in some manner to fit the present situation. This utilizes the parent's strengths and abilities to solve his or her own problems. Sample questions are presented below in Table 4 .

Conclusion

Working with parents who have been identified as being abusive to their children is often challenging. Solution-focused thinking provides an optimistic approach for inviting parent's responsibility by becoming collaborators in the treatment process. It builds on family abilities by eliciting, amplifying and utilizing exceptions to the problem. This method appears to be an effective treatment approach for working within child protective services. However, since every family is unique, each treatment intervention will also be unique in how it is implemented.

References

Ahola, T., & Furman, B. (1992). *Solution talk: hosting therapeutic conversations*. New York: W.W. Norton.

Berg, I. (1994). *Family-based services, A solution-focused approach*. New York: W.W. Norton.

deShazer, S. (1991). *Putting difference to work*. New York: W.W. Norton.

deShazer, S. (1988). Clues: *Investigating solutions in brief therapy*. New York: W. W. Norton.

deShazer, S. (1985). *Keys to solution in brief therapy*. New York: W.W. Norton.

deShazer, S., Gingerich, W., & Weiner-Davis, M. (1987). Constructing the therapeutic solution by building on pretreatment change: An exploratory study. *Journal of Marital and Family Therapy 13*(4) 359-363.

Durrant, M. (1993). *Residential treatment: A cooperative, competency-based approach to therapy and program design*. New York: W.W. Norton.

Friedman, S. (1993). *The new language of change*. New York: Guilford Press.

Gilligan, S., & Reese, P. (Eds.) (1993). *Therapeutic conversations*. New York: W.W. Norton.

Jenkins, A. (1990). *Invitations to responsibility, the therapeutic engagement of men who are violent and abusive*. Adelaide, South Australia: Dulwich Centre Publications.

Leverington, J., & Leverington, R. (1992). Inviting responsibility : A strengths model. Workshop presented at 2nd International Congress on Christian Counseling, Atlanta, GA.

Leverington, J., & Wulff, D. (1989). Home-based family therapy. *Social Work*, January, 72.

Leverington, J. & Wulff, D. (1992). Do you hear what I hear? Papers from the 5th Annual Conference on EMPOWERING FAMILIES, National Association for Family-Based Services, Iowa City, IA.

Peller, J., & Walter, J. (1992). *Becoming solution focused in Brief Therapy*. New York: Brunner/Mazel.

Selekman, M. D. (1993). *Pathways to change: brief therapy solutions with difficult adolescents*. New York: Guilford Press.

Wolins, S. (1993). *The resilient self: How survivors of troubled families rise above adversity*. New York: Villard Books.

Table 4 MEANING QUESTIONS

- How does the fighting affect your relationship to the child, to your partner, others?
- When you overcome the urge to slap or hit your child, what does that tell you about yourself as a parent?
- Where do you get the strength to keep going?
- How do you increase your strength to maintain your composure under pressure, like if your child's crying, yelling, or swearing at you?
- What does it say about your relationship with your child when you are able to have a meaningful conversation with your child?
- When you do get your child's cooperation, what does this tell you about yourself? What does it tell you about your child?
- What difference will your parenting make to your child years from now?
- When you see yourself interacting with your child in the way you would like, what does that say about your relationship?
- On a scale of 0 - 10, how confident are you that you won't get into a physical fight with your child again? What would increase your confidence one point?

Articles appearing in the Research & Treatment section of the *Bulletin* are abstracted/indexed by the ERIC Clearinghouse on Disabilities & Gifted Education; National Clearinghouse on Child Abuse & Neglect; NISC Pennsylvania, Inc.; Sage Family Studies Abstracts; Social Work Research & Abstracts; and Sociological Abstracts.

The Pervasiveness of Maladaptive Attributions in Mothers At-Risk for Child Abuse

Lisa P. Reiss Miller, M.A., and Sandra T. Azar, Ph.D.
Francis Hiatt School of Psychology, Clark University, Worcester, MA

Child abuse is a complex problem that has engendered diverse approaches to its study and treatment. For example, a cognitive-behavioral approach to child abuse emphasizes the relationship between inappropriate or distorted beliefs about a child and maladaptive parenting (Azar, 1989; Azar & Twentyman, 1986). In particular, research has focused on the relationship between the kinds of explanations or *attributions* parents make for a child's behavior and their responses to that child.

Although many parents may jest about the seemingly mysterious reasons for why children act the way they do, there are several factors that may make attributions more difficult to formulate for child behavior than for adult behavior. Children, who, relative to adults, possess a diminished capacity to communicate their intent to others, may provide limited or ambiguous information to the parent in child-rearing situations (Azar, 1989). This ambiguity may force parents to rely more upon the attributions they make in an effort to explain the child's behavior (Bugenthal, Mantyla, & Lewis, 1989). This is further complicated by the fact that as children develop, parents must continually modify their attributions for child behavior (Dix & Grusec, 1985).

Research suggests that mothers who are at high-risk for abuse of their children make different kinds of attributions for the behavior of their children than mothers who are at low risk (Barnes & Azar, 1990). Research has largely focused on the attributional dimension of *internality* (Rotter, 1966), which concerns the degree of responsibility or control that is allocated to an individual for a given outcome. The degree to which parents perceive their children to be responsible for their behavior may contribute to dysfunctional parent-child interactions. For instance, there is evidence to suggest that the extent to which a child is held responsible for negative behavior influences the severity of punishment deemed appropriate by the mother (Dix, Ruble, & Zambarano, 1989).

Research with non-abusive or "normal" mothers of young children suggests that mothers usually ascribe the positive actions of their children to internal factors, whereas negative actions are attributed to external causes. For example, Gretarsson and Gelfand (1988) found that nonabusive mothers in their sample were more likely to attribute their children's "prosocial" behavior to internal personality characteristics, whereas "antisocial" behavior was more likely to blamed on situational variables.

Mothers who are abusive or at-risk for abuse, however, appear to make explanations for the behavior of their children that qualitatively differ from those made by other mothers. For example, in a study that employed mothers' diary documentation of children's misbehaviors to explore mothers' attributions, Barnes and Azar (1990) found that mothers in their sample who were at high risk for abuse considered their preschool children to be more culpable for negative behavior than mothers who were classified as low risk. In particular, the high-risk mothers were more likely to attribute misbehaviors to internal and stable characteristics of the child.

A study by Larrance and Twentyman (1983) provides further evidence to suggest that abusive and non-abusive mothers explain the behavior of their children differently. Using photographs, the authors depicted each subject's child, an unknown child, and various fictitious situational outcomes (e. g., a wall that had been marked upon with crayons) that had ostensibly transpired. Mothers were read fictitious accounts about how the events in the photographs had arisen. Some descriptions suggested the mother's child had misbehaved, whereas others suggested the child had behaved appropriately. Mothers were asked to explain the hypothetical behavior of their children, and their attributions were rated. Relative to nonabusive mothers, the group of abusive mothers allocated more responsibility to their children for negative behavior, but allocated less responsibility to them for positive behavior.

Although these studies suggest that high- and low-risk mothers differ in the way they explain the behavior of their children, it is unclear whether such findings reflect a phenomenon that is restricted to interpreting their children's behavior or whether these findings reflect more pervasive differences in the way high-risk mothers interpret human behavior in general. For example, if high-risk mothers were found to interpret the behavior of their children differently than they interpret the behavior of other individuals, this might suggest that these mothers perceive their children as more or less culpable for certain outcomes than others are. In contrast, if high-risk mothers were found to make similar explanations for the behavior of others as they do for the behavior of their children, this might suggest that any bias toward their children comprises only part of a more general bias in interpreting people's behavior. Thus, in order to interpret the attributional differences found among high-risk mothers toward their children, it becomes necessary to know whether these differences also exist when mothers are asked to explain the behavior of other individuals.

Thus far, few studies have assessed the attributions that high- and low-risk (or abusive and non-abusive) mothers formulate for individuals other than their children. The Larrance and Twentyman (1983) study mentioned earlier also compared the attributions that abusive and non-abusive mothers made for the actions of their own children versus other children. Mothers in the abusive group appeared to assign more responsibility to their own children for misbehavior than other children, whereas the

opposite was true for the mothers in the non-abusive group. The study thus suggested that the negative bias abusive mothers appear to maintain for their children's behavior constitutes a circumscribed phenomenon, which is not extended to include the behavior of others.

A study by Azar (1988), however, suggests a different picture. Forty-four mothers of young children, who were considered to be either at high- or low-risk for abuse, were presented with a task in which they were asked to teach their children a puzzle. Some puzzles were designed to be relatively easy for the child to complete with assistance, whereas others were designed to be very difficult. When children failed to accomplish the task with their mothers' teaching, Azar found that mothers who were at high risk for abuse placed greater blame upon themselves for failure than the low-risk mothers. Conversely, the high-risk mothers were also less likely to credit themselves for success in assisting a child with the puzzles than the low-risk mothers. This finding is important because it suggests that the relatively internal attributions that high-risk mothers appear to make for their children may not be an isolated phenomenon. Rather, Azar's study provides evidence to suggest that high-risk mothers, when compared to low-risk mothers, may make attributions for negative events that are more internal for themselves as well.

Thus, it is unclear whether the apparent tendency for abusive or high-risk mothers to ascribe greater blame to their children for failure and less credit to them for success reflects a circumscribed phenomenon. One reason why the studies reported above are difficult to interpret is that they do not completely overlap in the attributions for different referents (e. g., self, child, and so on) that are explored. Azar (1988), for example, explores the attributions mothers make for the behavior of their children and themselves, whereas Larrance and Twentyman (1983) describe the attributions that mothers make for their own children versus other children. What is needed is a systematic comparison of high- versus low-risk mother's attributions for behavior across all pertinent referents within a single study.

Therefore, the present study was designed to test the pervasiveness of the kinds of attributions high- and low-risk mothers make across four referents: self, child, other mothers, and other children. First, it was deemed important to replicate previous evidence suggesting that high- and low-risk mothers interpret the behavior of their own children differently (Larrance & Twentyman, 1983). A second goal of the study was to see whether high-risk mothers would ascribe greater responsibility to themselves, other mothers, and other children for negative behaviors, and less responsibility for positive behaviors, than low-risk mothers. If the high-risk mothers ascribe more behavioral responsibility than low-risk mothers not only to their children, but also to other individuals for negative behavior, this would support the idea that the attributional bias that appears to be associated with risk for maladaptive parenting is in fact an outgrowth of more pervasive cognitive processes that extend to general interpretations of human behavior.

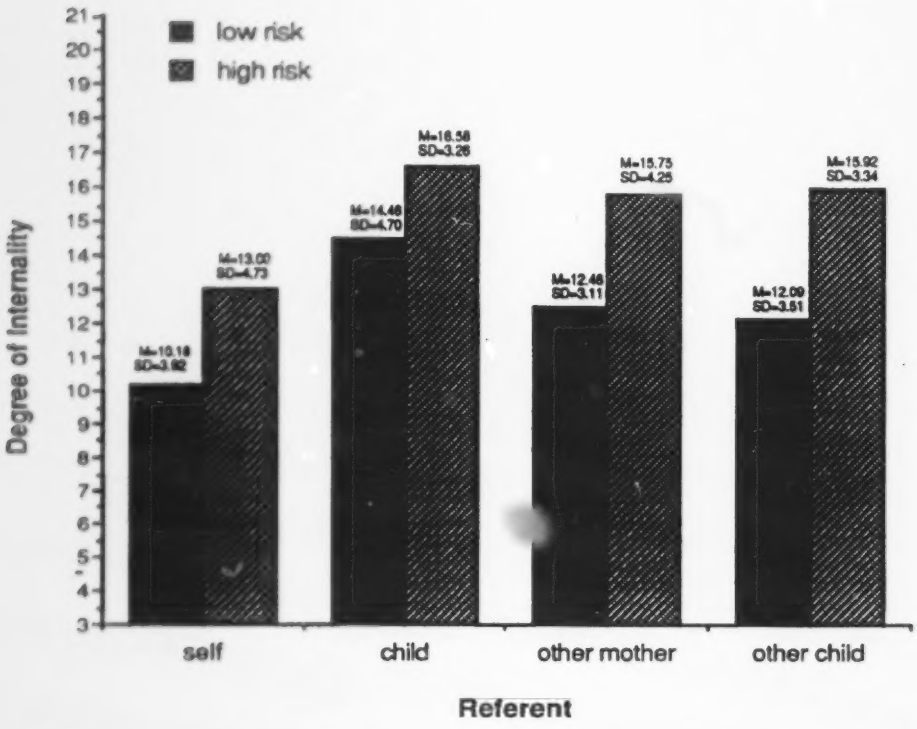
Table 1: Demographic Characteristics of Low- and High-Risk Subjects

Variable		Group: Low-Risk (N =11)	Group: High-Risk (N = 12)
Mother:	CAPI Abuse Scale Score[a]		
	M (SD)	81.27(30.45)	236.67 (62.53)
	Age[b]		
	M (SD)	27.91(4.59)	32.00 (6.86)
	Years of Education[c]		
	M (SD)	11.36 (1.29)	11.00 (1.81)
	Employment Status[d]:		
	employed: unemployed	2:9	0:12
	Marital Status[e]:		
	married: unmarried	5:6	2:10
	Family Income[f]		
	more than $10,000:	6:5	2:10
	less than $10,000		
Child:	Age[g]		
	M (SD)	7.00 (3.41)	8.92 (2.81)
	Sex[h]: male: female	7:4	5:7

Note. All tests are two-tailed.
[a] $t(21) = 7.46$, $p < .01$
[b] $t(21) = 1.66$, n. s.
[c] $t(21) = .55$, n. s.
[d] Fisher's Exact p ($N = 23$) = .22, n. s.
[e] Fisher's Exact p ($N = 23$) = .19, n. s.
[f] Fisher's Exact p ($N = 23$) = .06, n. s. trend
[g] $t(21) = 1.48$, n. s.
[h] χ^2 (1, $N = 23$) = .40, n. s.

Figure 1.

Attribution Ratings for Negative Behaviors



E Values:
Group: $E(1, 21) = 4.88$, $p < .05$
Referent: $E(3, 63) = 10.15$, $p < .01$
Group by Referent: $E(3, 63) = .50$, n. s.

Mothers who were considered to be either at high- or low-risk for abuse were asked to rate their attributions for hypothetical situations concerning their own behavior, the behavior of other mothers, the behavior of their children, and the behavior of other children of the same age and sex as their own child. This was done for situations involving both positive and negative behaviors.

Method

Subjects

Twenty-five mothers with at least one child 3-12 years old participated in this study. Mothers were recruited through the use of flyers placed in stores, laundromats, a family health center, and a daycare center located in a low income section of a large city in New England. Each mother received a small amount of money in return for her assistance with the study.

Responses from two mothers were eliminated from analysis. One mother's answers to the test instrument that defined risk status indicated a random response pattern, and a second mother was inebriated during her interview. Demographic data for the 23 subjects included in the study are provided in the table above.

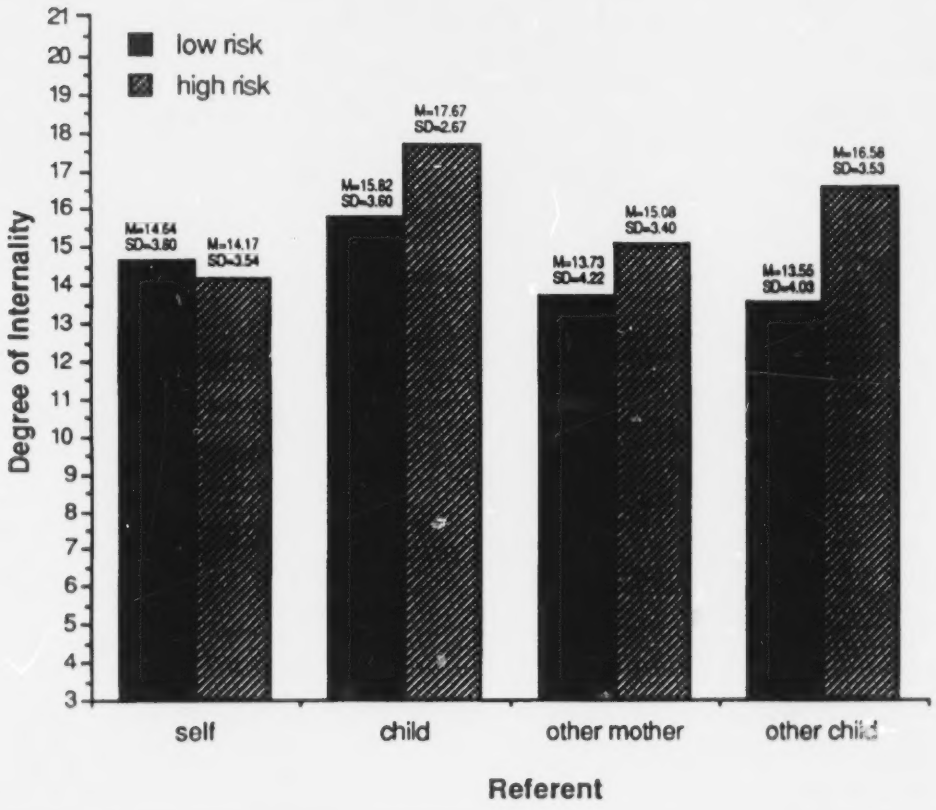
Mothers were divided into two risk groups based upon their responses to the Child Abuse Potential Inventory (CAPI), a screening instrument for risk for physical child abuse (Milner, 1990). A cut-off score of 166 on the abuse scale of the CAPI (see below) was used to classify the mothers into groups. Twelve mothers who attained a score that was greater than or equal to 166 on the abuse scale of this measure were considered to be at high-risk for abuse of their children, whereas 11 mothers who scored lower than 166 were considered to be at low-risk for abuse of their children.

Measures

Child Abuse Potential Inventory (CAPI).

As stated above, the CAPI (Milner, 1990) was used to group mothers according to risk status for abuse. The CAPI employs a 77-item "abuse" scale,

Figure 2.
Attribution Ratings for Positive Behaviors



F Values:
Group: $F(1, 21) = 1.26$, n. s.
Referent: $F(3, 63) = 5.87$, $p < .01$
Group by Referent: $F(3, 63) = 2.56$, $p = .06$

which assesses risk for physical abuse, and three validity scales, which guide the interpretation of responses on the abuse scale. Each item is comprised of a written statement that subjects are asked to read and indicate whether they agree or disagree with it.

The reliability and validity of the CAPI are discussed in detail by Milner (1990). For the abuse scale, Milner describes Kuder-Richardson reliability coefficients of .92 and .95 for controls and abusive parents, respectively. Test-retest reliability coefficients for the abuse scale are reported for control subjects and range from .91 for a one-day interval to .75 for a three-month interval.

The content, construct, and predictive validity of this measure have also been well established (Milner, 1990). Pertinent to this study, Milner (1990) found that the use of a cut-off score of 166 with the CAPI correctly classified 90.2% of abusive parents and 100% of control subjects in a study sample.

Attribution Questionnaire

This instrument was designed to elicit and measure a subject's attributions for a series of 24 hypothetical situations. The items were constructed to explore mothers' attributions for themselves, their children, other mothers, and other children of the same age and gender as their own child. The questionnaire concerned socially oriented behaviors in order to be consistent with previous research (e.g., Gretársson & Gelfand, 1988; Larrance & Twentyman, 1983). Specific item content (e. g., for adults, running an errand for a sick friend; for children, comforting another child who is crying) was drawn from the authors' clinical and previous research experience with parents. Consistent with previous research (e. g., Larrance & Twentyman, 1983), both positive and negative behaviors were explored. Thus, the questionnaire was structured accord-

ing to two dimensions, which will be referred to as referent (mother, child, other mothers, other children) and valence (positive or negative behavior). The style of the questionnaire and use of rating scales for attributions were modeled after common questionnaires used in attribution research (e. g., Semmel, Abramson, Seligman, & von Baeyer, 1978, cited in Seligman, Abramson, Semmel, & von Baeyer, 1979).

On the questionnaire, mothers were asked to imagine themselves in each given situation, and to state why they felt it might happen. For example, Item 1 consisted of the statement, "If I were to run an errand for a friend who was sick, it would be because . . .". The situational content for the two child referents (own child, other children) was the same, as was the situational content for the two adult referents (mother, other mothers) (e. g., in a later question, subjects were asked for a reason why other mothers would run an errand for a sick friend). Mothers rated their own open-ended responses on several dimensions. For this study, only ratings for the *internality* dimension were examined. For this dimension, subjects rated the extent to which the cause of each situation had to do with something about the referent person in question (e. g., in the first example above, how much the reason they gave for running the errand had to do with something about themselves). Ratings were completed on a 7-point Likert scale, with "1" representing the lowest level of internality and "7" representing the highest. Ratings were combined to produce scores for eight "subscales", which arose from the combinations of each level of referent (self, child, other mothers, other children) and valence (positive or negative behavior).

The internal consistency of the Attribution Questionnaire was assessed by computing Cronbach alpha's for the eight "subscales" described above. The obtained alpha's ranged from .47 to .73 for all but one of the scales. The one exception was the scale assessing self-positive ratings, for which an alpha of .14 was obtained.

Procedure

Mothers who agreed to participate were interviewed in the home by the experimenter. Mothers completed a brief questionnaire that provided background demographic information and then were asked to select one child on whom to focus for making attributions. They were told that this child should be "the one who is the most trouble" among her children 3-12 years of age. After making this selection, mothers completed the Attribution Questionnaire and the CAPI.

Results

To confirm that the high- and low-risk groups significantly differed in their risk for abuse of their children, their scores on the abuse scale of the CAPI were compared using a t-test. As expected, this test yielded a significant difference between the mean scores for risk for the two groups (Table 1).

Analyses were also conducted to ensure that the high-risk group of mothers were statistically equivalent to the low-risk group of mothers across a number of demographic variables. Overall, no significant group differences were found with respect to maternal age, education, employment status, marital status, family income, age of child, or sex of child (Table 1). A non-significant trend ($p < .10$) emerged for group differences in family income (income over $10,000 versus income under $10,000), suggesting relatively higher incomes in the low-risk group. Given the presence of this trend, Spearman correlation coefficients were computed to determine the relationship between family income and responses on the dependent measure (Attribution Questionnaire). All correlation coefficients were non-significant, suggesting that the dependent variable did not vary with level of income in the study.

Since previous research suggests that responsibility is allocated differently for positive versus negative behavior (Larrance & Twentyman, 1983; Gretarsson & Gelfand, 1988), repeated measures ANOVAs were conducted separately for ratings of positive and negative behavior. Both ANOVAs had one between factor (group) and one within factor (referent). It was reasoned that if differences between high- and low-risk mothers were an isolated phenomenon emerging solely with respect to attributions for their own child, this would be reflected as an interaction between group and referent in each analysis. In contrast, if differences between high- and low-risk mothers constituted a pervasive phenomenon across the referents assessed, this would be reflected by a main effect of group across referent in each analysis.

Figure 1 depicts the results from the ANOVA conducted for mothers' attributional ratings of negative behaviors. This analysis revealed a main effect for group ($F(1, 21) = 4.88, p < .05$). Irrespective of referent, mothers in the high-risk group made significantly more internal attributions to people for negative behavior. The analysis also revealed a main effect for referent ($F(3, 63) = 10.15, p < .01$). There was no interaction between the variables of group and referent for this analysis ($F(3, 63) = .50$, n. s.). A post-hoc Tukey test suggested that the main effect for referent was attributable to differences between mothers' ratings of their own behavior versus that of others. Irrespective of group, mothers ascribed more responsibility to their children, other children, and other mothers for negative behavior than they did to themselves ($p < .05$). Since the situations presented to mothers were not equivalent in content between adult and child referents, however, this finding is difficult to interpret. See figure 1 on the previous page.

The ANOVA conducted for mothers' attributional ratings of positive behavior revealed a main effect for referent ($F(3, 63) = 5.87, p < .01$). Post-hoc Tukey tests ($p < .05$) suggested that irrespective of group, mothers made significantly more internal attributions for their children than for themselves or other mothers for positive events. There was no main effect for group ($F(1, 21) = 1.26$, n. s.). This analysis revealed, however, a trend in the interaction between group and referent ($F(3, 63) = 2.56, p = .06$). Figure 2 presents the results from

difficult to interpret, examination of Figure 2 shows that relative to the low-risk mothers, the high-risk mothers made more internal ratings for the hypothetical positive behavior of other people, but made less internal ratings for their own hypothetical positive behavior.

Discussion

Two main hypotheses were tested by this study. One hypothesis of the study was to see whether high-risk mothers made attributions for their children that were different from those of low-risk mothers. Overall, this hypothesis appeared to be supported, at least for negative behaviors. In this study, the high-risk mothers appeared to ascribe more responsibility to all people for their negative behavior when compared to the low-risk mothers. This was true irrespective of whom the mothers were evaluating; self, child, other children, or other mothers.

In contrast to the results that emerged for negative behaviors, the results for positive behaviors did not directly support the hypothesis that high-risk and low-risk mothers differ in the degree of responsibility they impart to their own children for positive behaviors. Larrance and Twentyman (1983) may have detected differences in the mothers they studied, however, because they studied mothers who had already abused their children rather than high-risk mothers. They also presented mothers with actual pictures of their children, whereas mothers in the present study were asked to imagine children in different situations. As a result, the situations that mothers encountered in Larrance and Twentyman's study may have felt more realistic to the subjects.

In this study, one aspect of the analysis for positive events that warrants further speculation is the emergence of an interaction trend between group status and referent. While difficult to interpret, a visual examination of Figure 2 suggests that relative to the low-risk mothers, the high-risk mothers made more internal ratings for the hypothetical positive behavior of other people, but made less internal ratings for themselves. Although non-significant, the presence of the interaction trend leads to the speculation that the nature of high-risk mothers' self schema may play a role in their attributions. For example, Rosenberg and Reppucci (1983) found that abusive mothers in their sample made more self-deprecating statements than non-abusive mothers. It should be emphasized, however, that the anomalous findings for the self-positive events may also be related to the low degree of reliability on the self-positive scale.

Overall, the results of this study suggest that the apparent tendency for high-risk or abusive mothers to attribute undesirable or unsuccessful child behavior to dispositional factors may reflect pervasive biases in how behavior is perceived. In particular, the present study suggests that high-risk mothers may show a general tendency to ascribe negative behavior to internal factors. Such findings suggest that at-risk parents may manifest a global "schema" for interpreting the negative behavior of themselves and others, such that a wide range of situations elicit a common, stereotyped attributional response.

In a schema, information is thought to be encoded in a hierarchical fashion that organizes experience according to commonalities and guides the processing of new information (Neisser, 1976; Anderson, 1985). Kelley (1973) argues that "causal" schemas influence the attribution process by providing a "framework" for the interpretation of behavior and events, particularly when objective information about a causal relationship is unavailable to the observer. Information gleaned from past experience may influence attributions in new situations and lead to the development of highly generalized views about causality (Rotter, 1966).

In one sense, schemas may be viewed with respect to a balance between efficiency and flexibility, such that similar processing of highly similar situations is facilitated, yet similar processing of highly dissimilar situations is precluded. When this balance is disrupted, a wide range of situations may engender stereotyped, maladaptive responses (Beck, 1963). It appears possible that abusive parents display this kind of cognitive inflexibility in their interpretations of child-rearing situations. Wahler and Dumas (1989), for example, posit that heterogeneous child-rearing situations are likely to evoke stereotyped responses in abusive parents. They attribute this constriction of response behavior to the existence of "global and simplistic attentional categories" by which a wide range of stimuli are paired with a limited, narrow set of responses (p. 124). Although Wahler and Dumas confine their speculations to the realm of observable behavior, the "global and simplistic attentional categories" they propose may be seen as analogous to the cognitive concept of a schema. From a cognitive standpoint, these schemas would consist of generalized and simplistic representations of past experience that cause the parent to interpret diverse child-rearing situations in a stereotyped manner.

If attributions mediate the way a parent responds to the behavior of her children (Azar, 1989; Bugenthal, et al, 989; Azar & Twentyman, 1986), then attempts to alter these attributions may modify the parent's treatment of that child. With respect to this issue, there is evidence to suggest that people make more favorable attributions for the behavior of others when they are asked to adopt the perspective of the person they are observing (Gould & Sigall, 1977, Regan & Totten, 1975). Thus, one practical approach to the problem of child abuse may be to actively train parents in perspective taking skills. For example, role-playing techniques, such as those developed by Chandler (1973), appear to be one useful method to enhance a person's ability to take the perspective of others effectively, and may be adapted for clinical work with abusive parents. Cognitive-behavioral strategies may also be helpful (Azar, 1989).

The results of the present study are constrained by several factors that warrant cautious interpretation of the results. For example, subjects who were "at-risk" for abuse were used instead of subjects whose actual abusive status was known, leading to the possibility that some subjects may have been misclassified. In this study,

misclassification errors would lessen the possibility of detecting actual differences between the two groups. A further limitation is the low degree of internal consistency obtained for the self-positive scale of the Attribution Questionnaire. Finally, the number of subjects in each risk group is small, and, therefore, these groups may be less representative of the target high-risk and low-risk populations as a whole. These data, however, highlight the need to consider that parents at-risk for child abuse may actually have more generalized negative biases in interpreting behavior than would be apparent in just examining their way of looking at their own children.

Future research should expand its scope to focus not only on parents' cognitions as they pertain to their children, but also on the way they interpret situations more generally. More studies that examine attribution in abusive rather than at-risk populations are also badly needed in this area. Exploring the pattern of attributions across situations and actors may help to provide clues as to the nature of the attributional process in parents who abuse their children. Moreover, elucidating the contributing roles of such factors as attributional schemas may in turn suggest ways to redirect or reformulate the attributions that abusive parents make, fostering a more productive relationship between parent and child.

References

Anderson, J. R. (1985). *Cognitive psychology and its implications (2nd ed.)*. New York: W. H. Freeman and Company.

Azar, S. T. (1988). Childrearing stress and attributional processes: An examination of a cognitive behavioral model of child maltreatment. Paper presented at the annual meeting of the Association for the Advancement of Behavior Therapy, New York.

Azar, S. T. (1989). Training parents of abused children. In C. E. Schaefer & J. M. Briesmeister (Eds.), *Handbook of parent training* (pp. 414-441). New York: Wiley.

Azar, S. T., & Twentyman, C. T. (1986). Cognitive-behavioral perspectives on the assessment and treatment of child abuse. In P.C. Kendall (Ed.), *Advances in cognitive-behavioral research and therapy* (Vol. 5., pp. 237-267). New York: Academic Press.

Barnes, K. T., & Azar, S. T. (1990, August). Maternal expectations and attributions in discipline situations: A test of a cognitive model of parenting. Paper presented at the annual meeting of the American Psychological Association, Boston.

Beck, A. T. (1963). Thinking and depression: Idiosyncratic content and cognitive distortions. *Archives of General Psychiatry, 9*, 324-333.

Bugenthal, D. B., Mantyla, S. M., & Lewis, J. (1989). Parental attributions as moderators of affective communication to children at risk for physical abuse. In D. Cicchetti & V. Carlson (Eds.), *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect* (pp. 254-279). New York: Cambridge University Press.

Chandler, M. J. (1973). Egocentrism and antisocial behavior: The assessment and training of social perspective-taking skills. *Developmental Psychology, 9*, 326-332.

Dix, T. H., & Grusec, J. E. (1985). The socialization of children. In I. E. Sigel (Ed.), *Parental belief systems: The psychological consequences for children* (pp. 201-233). Hillsdale, NJ: Erlbaum.

Dix, T. H., Ruble, D. N., & Zambarano, R. J. (1989). Mothers' implicit theories of discipline: Child effects, parent effects, and the attribution process. *Child Development, 60*, 1373-1391.

Gould, R., & Sigall, H. (1977). The effects of empathy and outcome on attribution: An examination of the divergent-perspectives hypothesis. *Journal of Experimental Social Psychology, 13*, 480-491.

Gretarsson, S. J., & Gelfand, D. M. (1988). Mothers' attributions regarding their children's social behavior and personality characteristics. *Developmental Psychology, 24*, 264-269.

Kelley, H. H. (1973). The processes of causal attribution. *American Psychologist, 28*, 107-128.

Larrance, D. T., & Twentyman, C. T. (1983). Maternal attributions and child abuse. *Journal of Abnormal Psychology, 92*, 449-457.

Milner, J. S. (1990). *The child abuse potential inventory: Manual* (2nd Ed.). DeKalb, IL: Psytec, Inc.

Neisser, U. (1976). *Cognition and reality*. San Francisco: W. H. Freeman and Company.

Regan, D. T., & Totten, J. (1975). Empathy and attribution: Turning observers into actors. *Journal of Personality and Social Psychology, 32*, 850-856.

Rosenberg, M. S., & Reppucci, N. D. (1983). Abusive mothers: Perceptions of their own and their children's behavior. *Journal of Consulting and Clinical Psychology, 51*, 674-682.

Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs: General and Applied, 80* (1, Whole No. 609).

Seligman, M. E. P., Abramson, L. Y., Semmel, A., & von Baeyer, C. (1979). Depressive attributional style. Journal of Abnormal Psychology, *88*, 242-247.

Wahler, R. G., & Dumas, J. E. (1989). Attentional problems in dysfunctional mother-child interactions: An interbehavioral model. *Psychological Bulletin, 105*, 116-130.

Author Notes

Portions of this research were presented at the Third International Research Symposium on Child Abuse and Neglect, Philadelphia, PA, October, 1993. The authors wish to thank the anonymous reviewers of the *FVSAB* Editorial Board for their helpful comments in revising this article.

See page 30 for indexing and abstracting information concerning Research and Treatment articles published in the *Family Violence & Sexual Assault Bulletin*.

Family Violence & Sexual
Assault Institute
1121 ESE Loop 323
Suite 130
Tyler, TX 75701

Address Correction Requested

Children Exposed to Family Violence

•••Second International Conference•••

June 4-7, 1997 London, Ontario

Mark your calendar NOW and make plans to attend

Organized by:

London Family Court Clinic

London, Ontario, Canada

Family Violence & Sexual Assault Institute

Tyler, Texas, USA

Co-Sponsored by:

Children's Sub-Committee, London Co-Ordinating Committee to End Woman Abuse, London, Ontario, Canada

London Family Court Clinic & Ontario Association of Court-Related Clinical Services, London, Ontarion, Canada

Family Violence & Sexual Assault Institute, Tyler, Texas, USA

Institute of Human Development & Family Studies, University of Texas at Austin,

For registration within the U.S., contact Mary Sals-Lewis, FVSAI, 1121 ESE Loop 323, Suite 130, Tyler, TX 75701; telephone 903-534-5100; fax 903-534-5454; or e-mail fvsai@e-tex.com. From Canada, contact Pat Mintsoulis, London Family Court Clinic, 254 Pall Mall Street, Suite 200, London, Ontario, Canada N6A; telephone 519-679-7250 or fax 519-675-7772.

BEST COPY AVAILABLE